

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margaret Ahern

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	1307 - Oakland Ave	
Father's Name	Dennis Phum		Father's Birthplace	Ireland
Mother's Maiden Name	Honorah — Unknown		Mother's Birthplace	"
Name of person giving information	How related to deceased			
	No Relation			

CAUSES OF DEATH

(40)

How long

2 yrs.

How long

24 hrs.

Primary

Gastric Ulcer - c Carcinoma

Immediate

Op. Gastrectomy partial (acute dilat.)  
(G. stomach)

Are the name, age, sex, color, date and place correctly given above?

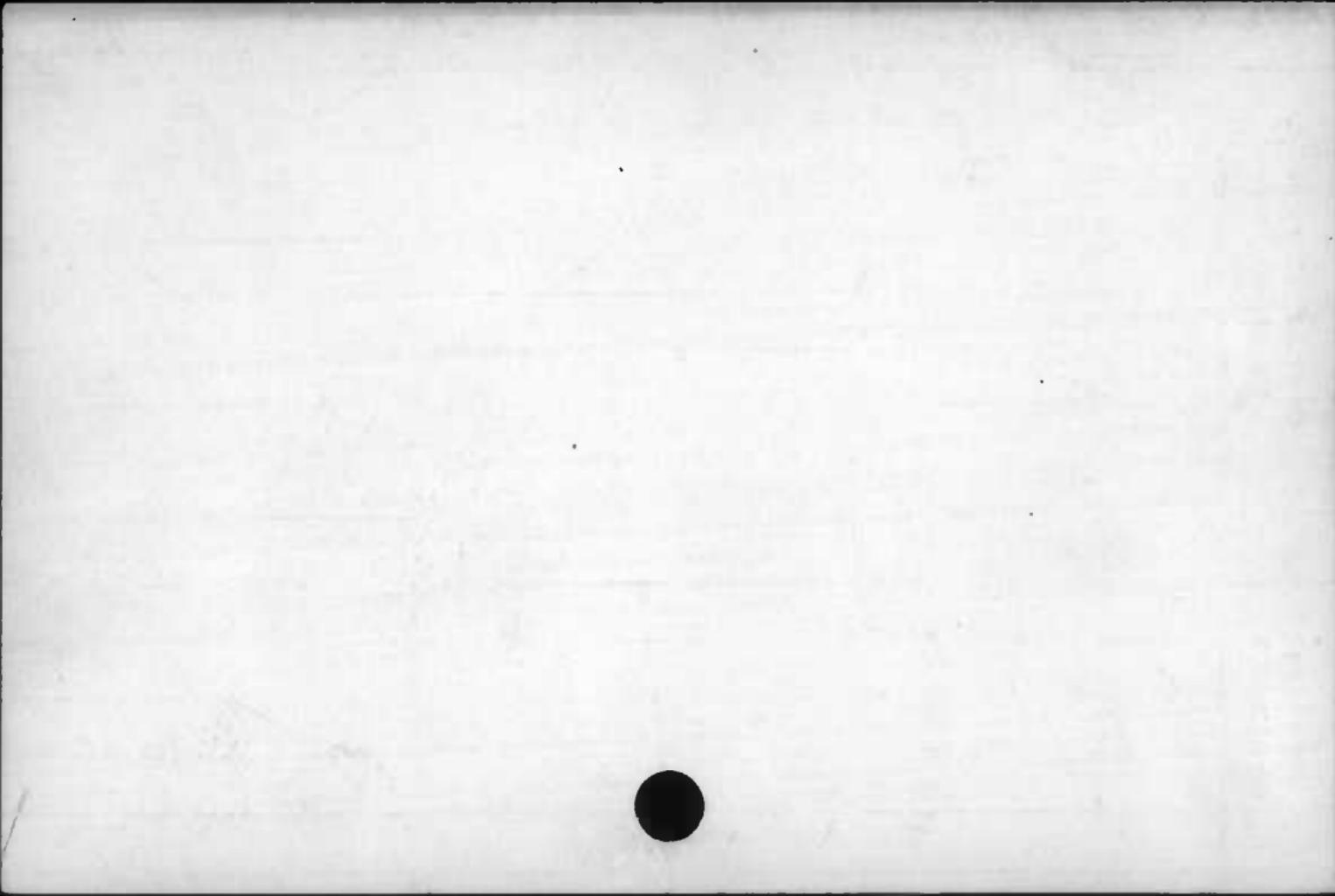
Signature of Physician

Address

Fredy Crouse  
St. Agnes Hospital

Accident or Suicide?

Yes now



Name  
in  
Full

Bernard C Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>M. J. Mays</u>	County <u>Balto</u>	MARYLAND		
Date of death	Month <u>1909</u>	Day <u>200</u>	Years Age	—	Months <u>4</u> Days <u>15</u>
Sex	male	Color or Race	white	Birth- place	<u>Balto Co Md</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed					
Father's Name	Name of Wife or Husband				
Mother's Maiden Name	<u>David Arnold</u>				
Name of person giving Information	<u>Denie Geylock</u>				
71					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Malnutrition</u>	How long	<u>+ hrs</u>
Immediate	<u>Convulsions</u>	How long	<u>6 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Geo S. Kieffer</u>
		Address	<u>Morell Park</u>
Accident or Suicide?			<u>Balto Co Md</u>

William J. Trotter

London Park Cemetery

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

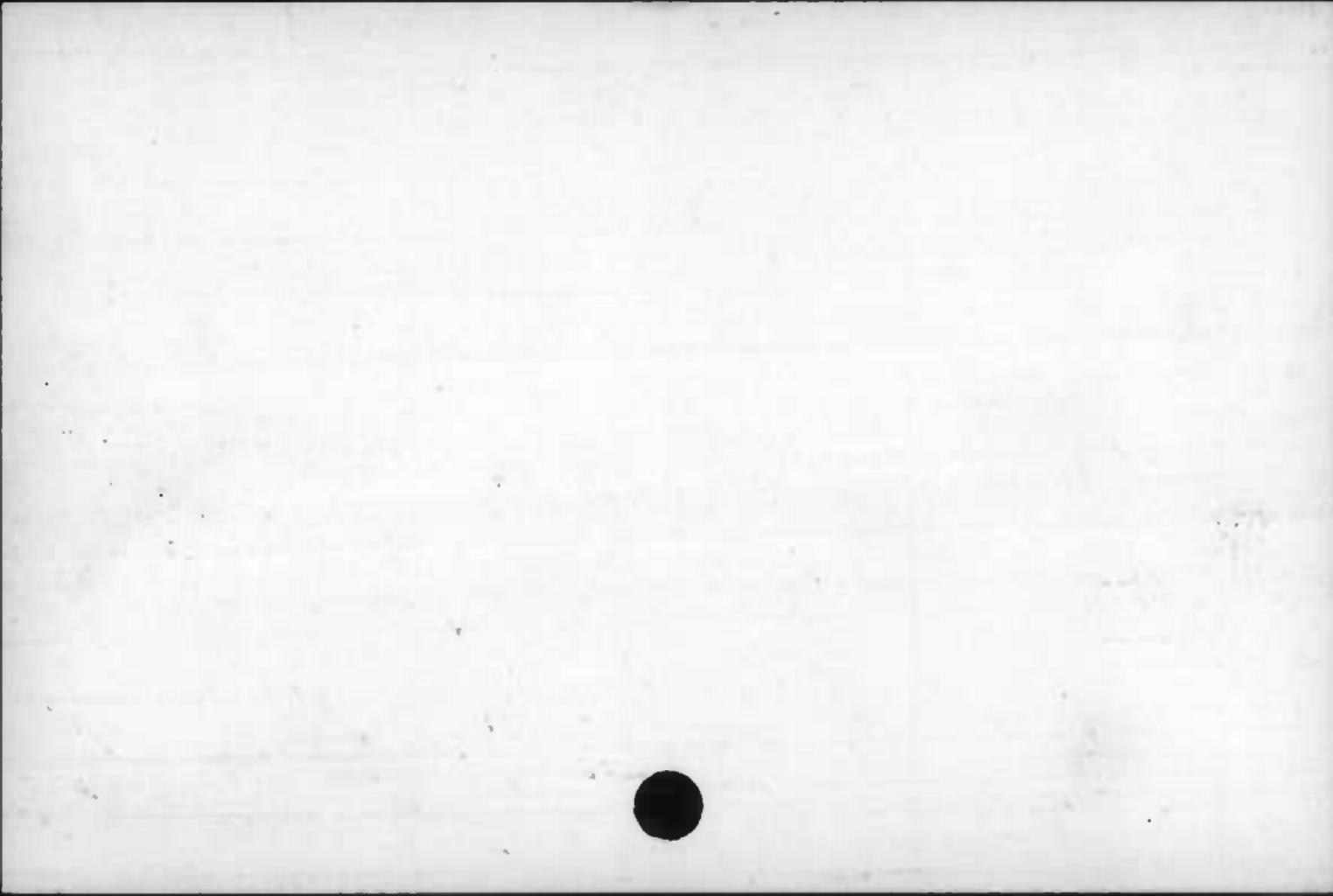
Clarie L. Bailey

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month Nov.	Day 16	Years 1	Months	Days 2
Sex	Male	Color or Race	White -	Birth-place	Pa.	
Occupation	Child	Where Residing if not at place of death			Hamerton Pa.	
Married, Single or Widowed	-	Name of Wife or Husband				
Father's Name	Lloyd L. Bailey			Father's Birthplace	Pa.	
Mother's Maiden Name	Carrie E. Coffey			Mother's Birthplace	Pa.	
Name of person giving Information	Lloyd L. Bailey			How related to deceased	Father	

CAUSES OF DEATH

Primary	Malformation Penis, Stratis Syphilitis, (Pneumonia)	
Immediate	Stratis Syphilitis & Bronchitis pneumonia	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	Address	
Accident or Suicide?	Fred Y. Crouse St. Agnes Hospital	



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Henry Barber			County						
Died at Shawan Town			Baltimore County				MARYLAND		
Date of death 1909	Month 11	Day 16	Age 1	Years	Months	Days			
Sex Male	Color or Race Colored		Birth-place Md.						
Occupation Farmer	Where Residing if not at place of death				Shawan Md				
Married, Single or Widowed Single	Name of Wife or Husband None								
Father's Name Chas. Barber		Father's Birthplace Md.							
Mother's Maiden Name Annie Reynolds		Mother's Birthplace Md.							
Name of person giving Information Chas Barber		How related to deceased Father.							

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary

Hereditary Syphilis

How long

1 yrs.

Immediate

Broncho-pneumonia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Hilmer C. Eversley

Address

Cockeysville

Md.

Accident or Suicide?

No.

To be buried at Texas,  
(St Joseph Cemetery) Md. on  
Nov 18/19 - by  
H. C. Brooks

Name  
in  
Full

Annie Margaret Baumgartner

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Lauraville

County  
Balto

MARYLAND

Date of death 1904 Month 11 Day 7 Years 1 Months 3 Days -

Sex Female

Color or Race

White

Birth-place

Balto

Occupation

Where Residing if not  
at place of death

Lauraville

Married, Single  
or Widowed

Single

Name of Wife or Husband

Father's Name

Conrad Baumgartner

Father's Birthplace

Germany

Mother's Maiden Name

Mary A Myers

Mother's Birthplace

Balto

Name of person giving information

Conrad Baumgartner

How related to deceased

Father

CAUSES OF DEATH

93

How long

Tuberculosis

How long

6 day

Primary

Pneumonia

Immediate

Oxauelium

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Gallpath Darling

Lauraville

Accident or Suicide?

Trinity Cemetery

Nov 10/909

John Cook

122 E North End

Name  
in  
Full

George M Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Highlandtown

County  
Baltimore

MARYLAND

Date  
of death 1909

Month  
Nov

Day  
15

Years

Months

Days

Age

Sex  
Male

Color or  
Race

White

Birth-  
place

Highlandtown

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Wm A Becker

Father's  
Birthplace

Md

Mother's  
Maiden Name

Anna M. Fagi

Mother's  
Birthplace

"  
Father

Name of person giving  
Information

Wm A Becker

How related  
to deceased

Primary

CAUSES OF DEATH

Lobular Pneumonia

92

How long

12 hours

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas. L. Graxton,  
31 Gough  
Highlandtown Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

Understaker. —

H. E. Hedges —

Oak Lawn Cemetery  
Nov. 14-1909. —

Name  
in  
Full

Catherine F Burkhead

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at Mt. Hope Retiria	Baltimore	Month	Day	Years	Months Days
Date of death 1909 Nov 9 <sup>th</sup>	Age 67 yrs	not known	not known	not known	not known
Sex Female	Color or Race	White	Birth place	Baltimore.	
Occupation nurse	Where Residing if not at place of death Baltimore				
Married, Single or Widowed Widow	Name of Wife or Husband	not known			
Father's Name	not known				
Mother's Maiden Name	"	not known			
Name of person giving Information	Reeds Mt. Hope Retiria				

CAUSES OF DEATH

Primary

Nalorphidia

68

How long

abt 2 mos

Immediate

Ex-Sen. Doxocuria

How long

abt 2 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

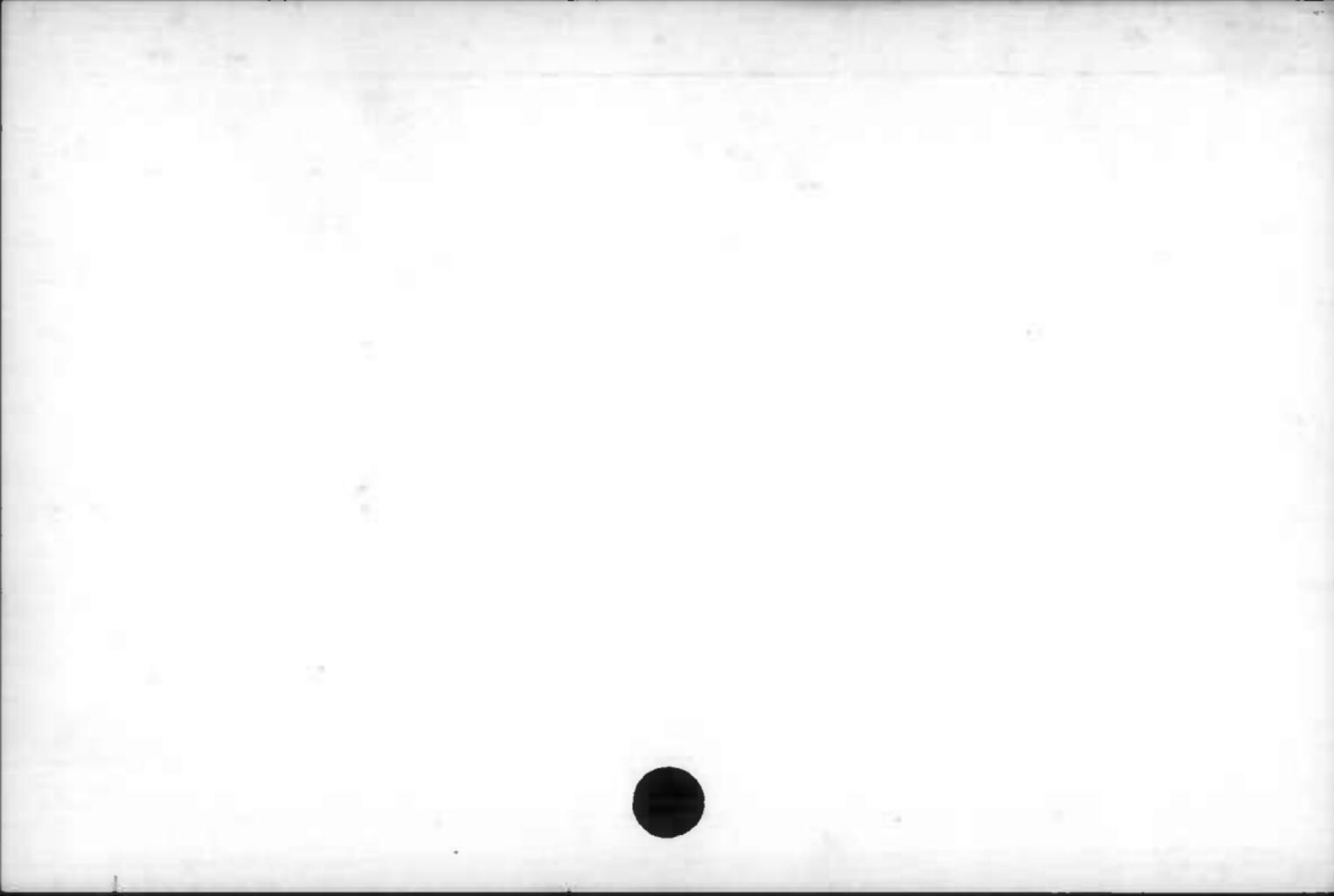
Frank J Flannery

Mt. Hope Retiria

Mt. Hope Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Isaac Blackwelder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Nov	19	0	10	—
Sex	Male	Color or Race	Color	Birth-place	Md
Occupation	Clerk	Where Residing if not at place of death			
Married, Single or Widowed	✓	Name or Wife or Husband	✓		
Father's Name	Walter Blackwelder	Father's Birthplace	Md		
Mother's Maiden Name	Sanna Buckley	Mother's Birthplace	Md		
Name of person giving information	Walter Blackwelder	How related to deceased	Father		
CAUSES OF DEATH					
Primary	Murder	How long	3 mos		
Immediate		How long			

PHYSICIAN  
OR CORONER

Primary

Murder

How long

3 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John L. Harrison Jr.  
middle Road, Md.

Accident or Suicide?

No

15



Name  
in  
Full

Henry Boehm

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town  
Died at Claude B. Hospital County  
Sanatorium Baltimore

MARYLAND

Date Month Day Years Months Days  
of death 1909 Nov. 1st Age 22 7 3

Sex male Color or Birth-  
Race White place Balt. Md.

Occupation Factory Hand Where Residing if not  
at place of death 527 Lakewood ave.,  
Balt. Md.

Married, Single  
or Widower

Name of Wife or  
Husband

Father's Name Paul Boehm

Father's Birthplace Germany

Mother's Maiden Name Gertrude Lorain

Mother's Birthplace "

Name of person giving  
Information Sister - Miss Gertrude Boehm

How related  
to deceased Sister

CAUSES OF DEATH

Primary

Tuberculosis - same

How long

about 2 years

Immediate

Exhaustion

"

How long

2 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Alvin W. Foster M.D.  
Endowood,  
Towson, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

H. Sande & Son.  
Trinity Cemetery  
Nov. 4<sup>th</sup> 09 V

Name  
in  
Full

Howard Brooks Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Towson	Balt.			
Date of death	1909	Month	Day	Years	Months
	11	3		1	8
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Howard Brooks	Father's Birthplace			Ind
Mother's Maiden Name	Ellen Armand	Mother's Birthplace			Ind
Name of person giving Information	Howard Brooks	How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Infantile Paralysis

Immediate Tubercular Meningitis - Convulsions

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

28

How long

14 mos

How long

One week

Accident or Suicide

MARTIN LAHEY & SONS,  
Funeral Directors & Embalmers,  
606 & 608 W. LaFayette Ave.

TELEPHONE 1993. —

St. Mary's  
Gorans

Name  
in  
Full

Lewis Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
<del>Married, Single</del> <del>Widowed</del>	Name of Wife or Husband	Unknown	
Father's Name	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving Information	Amanda Bailey		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	valvular disease of heart: dropsy	
Immediate	syncope	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

79

How long

5 months

How long

2 minutes

Interment Yester-Mon  
Cemetery

John Brooks

J

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lillian Butschky

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Sponsor point Baltimore

Date of death 1909 Month 1 Day 7 Age 35 Years Months Nov. Daya 28

Sex Female

Color or Race

white

Birth-place Baltimore

Occupation

Housewife

Where Reiding if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John H Butschky

Father's Name

Frank Abbe

Father's Birthplace

Germans

Mother's Maiden Name

Lizzie Doulorgan

Mother's Birthplace

England London

Name of person giving  
Information

John H Butschky

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Cancer of Stomach

40

How long

6 Months

Immediate

cancer of Stomach

How long

5 months

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. C. Elford M.D.  
Sparrow Point  
Md

Accident or Suicide

Robt. T. Turner.

Oak Grove Cemetery.

Nov. 10 - 1909. -

Name  
in  
Full

Hattie J. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at Colgate Street, 12th Dist.	County Baltimore	MARYLAND		
Date of death 1909	Month Nov.	Day 22	Age 10	Years Months 1 Days 3
Sex female	Color or Race Afro American	Birth-place Washington D.C.		
Occupation none	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband none	Father's Name Fredrick Campbell	Father's Birthplace Washington D.C.	Mother's Maiden Name Mary Kenny
Mother's Maiden Name	MD.	Name of person giving information Fred. Campbell	How related to deceased father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

(1)

How long 5 weeks

Immediate

Tetanus

How long

about 1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. V. Morrissey

Address

Conton & O'Donnell Sts. Baltimore

Accident or Suicide?

Felix B. Bye. -

Tamel Cemetery —  
Nov. 24-1909. —

Name  
in  
Full

Augustus D Clemens

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month	Day	Years	Months	Days
Sex	Color or Race	Age	64	9	24
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Real Estate Dealer				
Father's Name	Baltimore City				
Mother's Maiden Name	Baltimore Co.				
Name of person giving information	How related to deceased				

Augustus D. Clemens

Mary Bradley Clemens

Augustus D. Clemens Jr.

41

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Sarcoma of Intestine	How long
Immediate	Uremic poisoning	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address

Ro S Hoenig

State Bank

Accident or Suicide?

St. Johns Pennebey  
Waverly

Henry H. Mears & Son

Name  
in  
Full

Ellen A. Cockey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at	Sonans	Baltimore	Months	Days	-
Date of death	1909 Nov	8	Age	81	-
Sex	Female	Color or Race	white	Birth-place	Md
Occupation	None	Where Residing if not at place of death Sonans			
Married, Single or Widowed		Name of Wife or Husband	Boorle	Father's Birthplace	Md
Father's Name	Edward Cockey			Mother's Birthplace	Md
Mother's Maiden Name	Uriah C. Orwings			How related to deceased	Brother
Name of person giving information	D. G. Carlisle				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

90

How long

in days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. S. Jensen MD  
1415 Madison av

Accident or Suicide

G.W. Littler -

Laudan Park

Name  
in  
Full

George Even Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bowling Green County Baltimore MARYLAND  
Date of death 1909 Nov. 29 Month Nov. Day 29 Years 19 Months 10 Days 1  
Sex Male Color or Race White Birth-place Bowling Green  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name

Davis Cole

Father's Birthplace

Butler -

Mother's Maiden Name

Bessie M. Chenoweth

Mother's Birthplace

Chestnut Ridge

Name of person giving Information

Davis Cole -

How related to deceased

Father

CAUSES OF DEATH

Primary

Paralysis

(66)

about six months

Immediate

Paralysis

How long

six months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

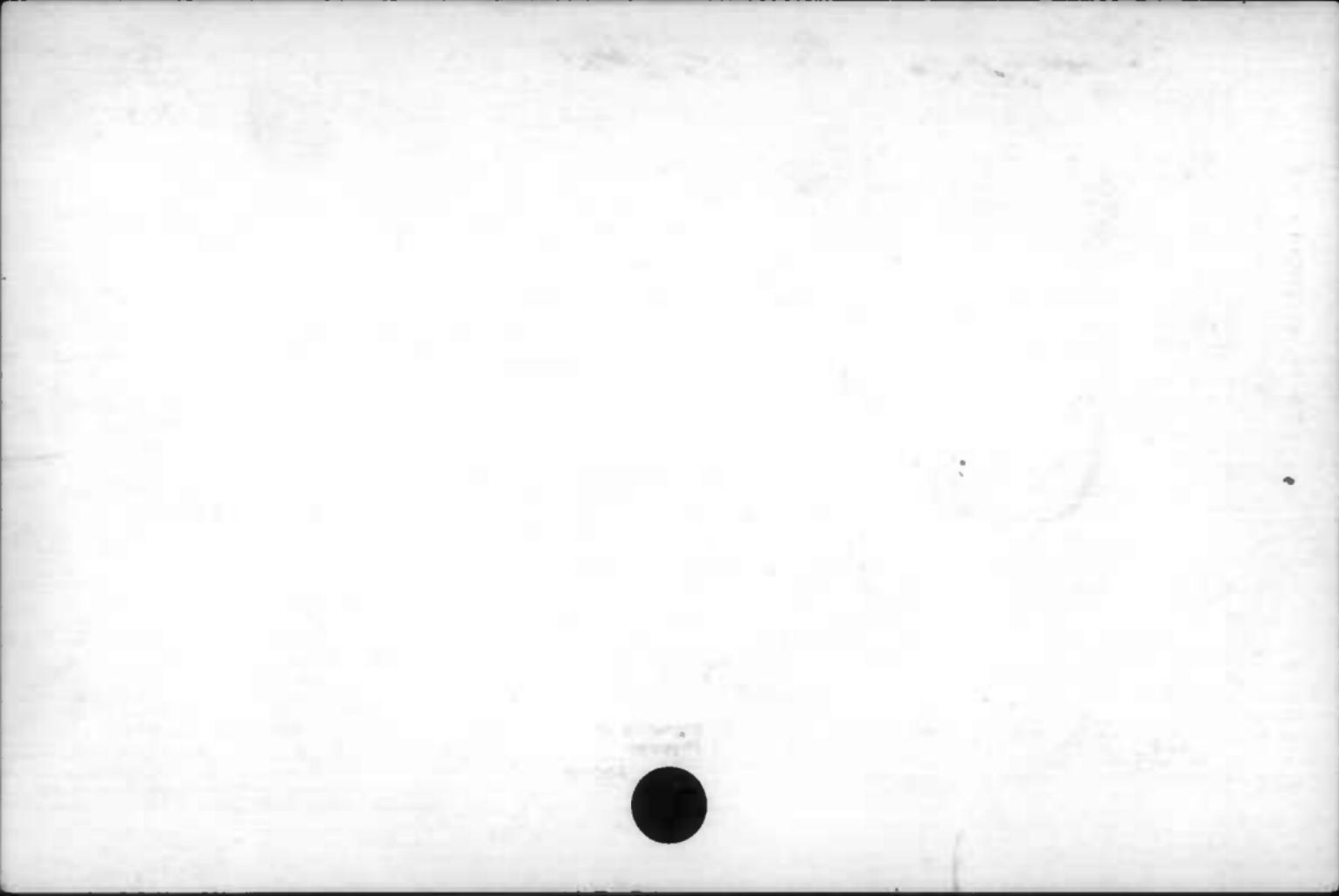
Address

W.H.Campbell  
Bowling Green, Ma

PHYSICIAN  
OR CORONER

Accident or Suicide

33



Name  
in  
Full

Daniel Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Catawsville	Balto.		
Date of death	Month	Day	Month
1909	Nov	17	2
Age	Years	Days	
Sex	Color or Race	Birth-place	
Male	Colored	Hanover Co. Md.	
Occupation	Where Residing if not at place of death		
Canner Barber	Catawsville Ind.		
Married, Single or Widowed	Name of Wife or Husband		
Married	Florance Cook		
Father's Name	Aaron Cook	Father's Birthplace	Hanover Co. Ind.
Mother's Maiden Name	Clara Hanover	Mother's Birthplace	Hanover Co. Ind.
Name of person giving Information	Alexander Fussell	How related to deceased	Name

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Consumption about 3 years

How long

Immediate

General Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. W. Stultz M.D.

Catawsville Ind.

Accident or Suicide

R. A. Elliott  
Western Star.

Name  
in  
Full

Maggie Bustis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hillsville Town Balto County  
Date of death 1909 Month Day Years Months Days  
11 23 35 5 17

Sex female  
Occupation none

Color or Race colored

Birth-place Md

Where Residing if not  
at place of death X

Married, Single  
or Widowed

Name of Wife or  
Husband Henry Bustis

Father's Name Andrew Jackson

Father's Birthplace Md

Mother's Maiden Name Elizabeth Simms

Mother's Birthplace Md

Name of person giving  
Information Blanch Jackson

How related to deceased  
Sister

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

6 mos

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Bethel  
Mt. Meigs

PHYSICIAN  
OR CORONER

Accident or Suicide

George H. Hooper  
W. Auburn Cemetery.

Name  
in  
Full

Thomas P Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>4006 Gough st ext.</u>		Town	County <u>Baltimore Co.</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Nov.</u>	Day <u>22</u>	Age <u>86</u>	Years	Munths	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>at place of death</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Mary A Davis</u>	Father's Birthplace <u>Aud -</u>				
Father's Name <u>Samuel Davis</u>	Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Aud -</u>				
Name of person giving information <u>Mrs Mary A. Davis</u>	How related to deceased <u>wife</u>					

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Seriously

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

5 months

Accident or Suicide?

J. B. Schindler & Son  
Mr Carmel

Nov 24<sup>th</sup> 1909

Name  
in  
Full

Elizabeth Deegan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Canton

Balto.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909 Nov.

19-

Age 64

Sex Female  
Occupation

Color or  
Race

White

Birth-  
place

Germany

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Where Residing  
at place of death

1120 S. Street

Father's  
Name

Don't Know

Father's  
Birthplace

German

Mother's  
Maiden Name

Name of person giving  
Information

Thomas T. Deegan

Mother's  
Birthplace

German

How related  
to deceased

Husband

CAUSES OF DEATH

93

How long

6 hrs.

Primary

Exhaustion & Heart failure

Immediate

Pneumonia & Complications

How long

4-5 days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Herbert Schwanieck  
1019 Canton St.

PHYSICIAN  
OR CORONER

Accident or Suicide

Silly & Heiler.

403 S. Wolfe St.

Sacred Heart Cemetery.

November 22<sup>nd</sup> 1909.

H

Name  
in  
Full

Katherine C. Delefelder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Westport.

County

Baltimore

MARYLAND

Date  
of death

190 9 1

Month

26 Day

Years

16

Months

4

Days

29

Sex

female

Color or  
Race

white

Birth-  
place

Baltimore

Occupation

none

Where Residing if not  
at place of death

Westport.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Michael Delefelder.

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Anna Amelia Richtel

Mother's  
Birthplace

Pittsburgh Pa.

Name of person giving  
Information

Michael Delefelder.

How related  
to deceased

father.

CAUSES OF DEATH

79

Primary

Aortic Insufficiency

How long

one year.

Immediate

Embolism of lungs

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

R. G. Lamm  
Mt. Winans

MD

Accident or Suicide?

PHYSICIAN  
OR CORONER

Joe. Seyfer.

Mc Carnal Cemetery

Name  
in  
Full

Albert Doenke

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Nov.	16	Age 60	Unknown	Unknown
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Where Residing if not at place of death				
Laborer	Balto. Co. Almshouse				
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Unknown
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	House Register				

CAUSES OF DEATH

69

✓

PHYSICIAN  
OR CORONER

Primary

Epilepsy  
Convulsions

How long

5 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Athmer C. Ensor M.D.

Cockeysville  
Md.

Accident or Suicide?

No

John Burns Sons  
Towson  
Interned at  
Johns Hopkins  
Hospital

Name  
in  
Full

George Miller

Drebings.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hamilton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1909 Nov.</u>	Month <u>9</u>	Day <u>13</u>	Years <u>66</u>	Months <u>3</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore city</u>			
Occupation <u>Carpenter</u>		Where Residing if not at place of death <u>at Hamilton Co</u>			
Married, Single or Widowed	Name of Wife or Husband	<u>Sarah Drebings.</u>			
Father's Name	<u>angustus Drebings</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Harriet Knorr</u>		Mother's Birthplace	<u>Baltimore Md</u>	
Name of person giving information	<u>Charles W. Hart.</u>		How related to deceased	<u>Son in Law.</u>	

CAUSES OF DEATH

79

✓

PHYSICIAN  
OR CORONER

Primary

Paralysis of Heart

How long

a few minutes

Immediate

-

How long

-

Are the name, age, sex, color, date and place correctly given above?

js

Signature of Physician

E. E. Vogler, M.D.

Address

Hamilton and Harbor of Road

Hamilton, Md

Accident or Suicide?

Jas B. Cook

1003 W. Balto st

Baltimore Canetayn

Name  
in  
Full

Mrs Mary J. Durall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Catoctine Baltimore

Date  
of death

Month

Day

Years

Months

Days

1909 Nov.

7<sup>th</sup>

Age 94

6

Sex

Female

Color or  
Race

white

Birth-  
place

Balto

Occupation

Where Residing  
at place of death

Richard Greedy Home

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Lemuel E. Duval

Father's  
Name

Wm P. Miles

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Marguerite Royton

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

Mary Duval

How related  
to deceased

Daughter

CAUSES OF DEATH

154

How long

Primary

Nervosity

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

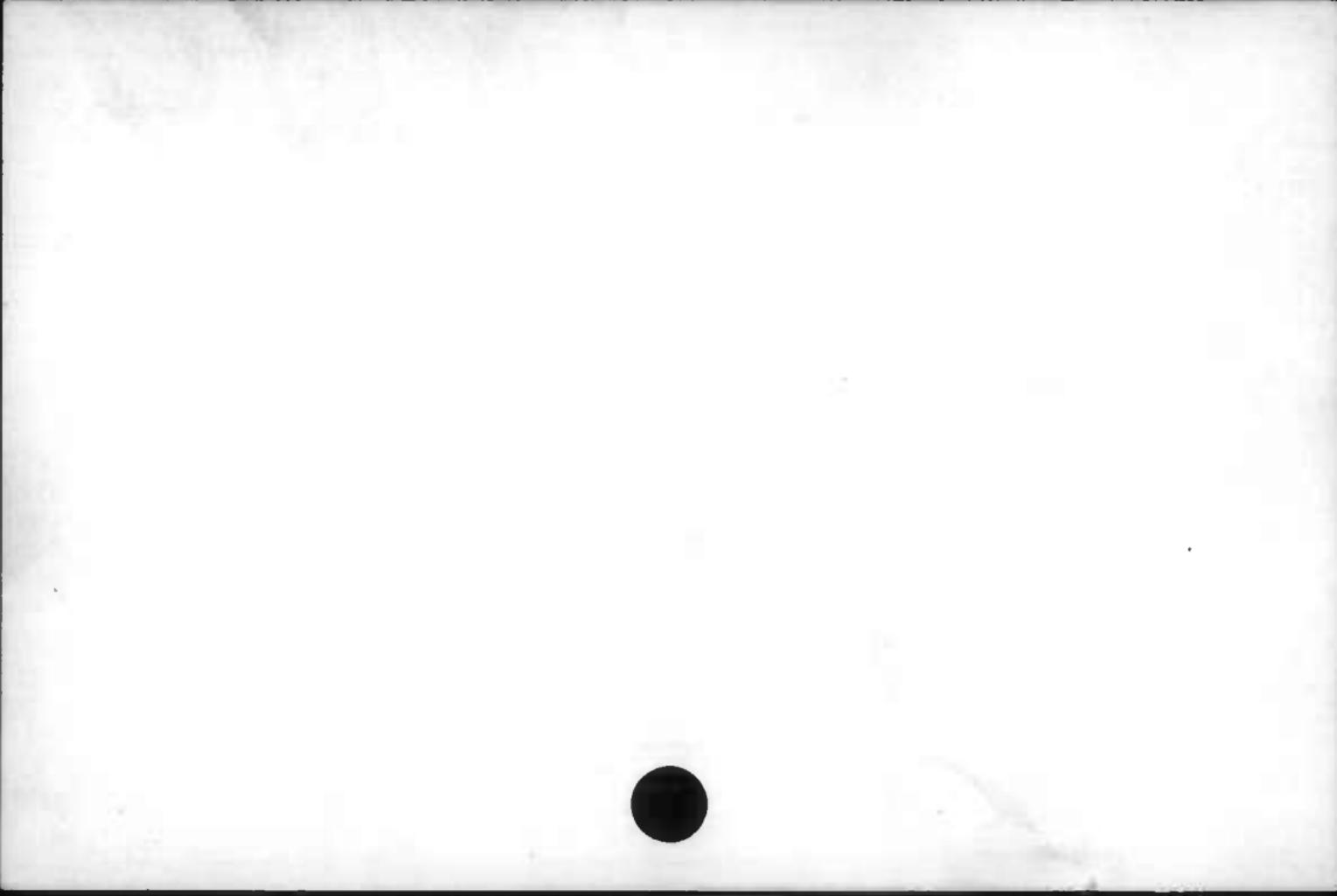
Address

As far as I know.

Richard Greedy MD  
Catoctine Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John B. Elliott

CERTIFICATE OF DEATH

MARYLAND

Disd at	Town	County				
Date of dash 190	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Birth-place				
Occupation	Where Resding if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

John B. Elliott

CAUSES OF DEATH

178

How long

Signature of Physician

Address

Office Supply Co., 11-18-98

Oak Lane Inn

Jerry Jr

11/28/04

Name  
in  
Full

Frank A. Enge

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Parkville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Nov</u>	Day <u>4</u>	Years <u>75</u>	Months	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Germany</u>	
Occupation <u>Tradesman</u>	Where Residing if not at place of death <u>Baltimore Co. Ind</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Margaret Enge nee Robe</u>				
Father's Name <u>Philip Enge</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>unknown</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>George Enge</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

108 ✓

PHYSICIAN  
OR CORONER

Primary

Intrausception of the Bowels about 24 hrs

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. E. Vogler

Address

Hamilton ave & Harford Road  
Hamilton Baltimore Co. Md

Accident or Suicide?

No

J. Gasselin & Sons

Funerale  
Gone

Mount Marie  
Cemetery

Name  
in  
Full

Henrietta May Gilliaux

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Edgewater			County	Baltimore		
Died at	Month	Day	Years	Age	Months	MARYLAND	
Date of death 1909	11	3	24			Days	
Sex	Female	Color or Race	White	Birth-place	Pa.		
Occupation	House-wife			Where Residing if not at place of death	352) Clarmont Ave		
Married, Single or Widowed	Married	Name of Wife or Husband	Frank Gilliaux	Father's Name	John. B. Kenemeter		
Father's Name	John. B. Kenemeter			Father's Birthplace	Pa.		
Mother's Maiden Name	Mary Kenemeter.			Mothar's Birthplace	Pa.		
Name of person giving Information	Frank Gilliaux			How related to deceased	Husband		

CAUSES OF DEATH

137

How long

4 days.

How long

12 hours.

PHYSICIAN  
OR CORONER

Primary

Septicaemia (puerperal, from retained placenta.)

Immediate

Exhaustion (placenta.)

Are the name, age, sex, color, date and placca correctly given above?

yes.

Signature of Physician

Address

Dr. L. Deux M.D.  
30 George,  
Highlandtown Md

Accident or Suicide

110

Mt Barnet  
Nov 7/09  
H. Sander & Son

Name  
in  
Full

Henry P. M. Forshman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Baltimore	Baltimore				
Date of death 1909	Month 11	Day 27	Age 65	Years 7	Months 7	Days 23
Sex Male	Color or Race White	Birth- place Baltimore County				
Married, Single or Widowed	Occupation Stone Mason					
Name of Wife & Husband Leydia Amanda Forshman						
Father's Name Samuel Forshman	Father's Birthplace York Co Pa.					
Mother's Maiden Name Christina Shearer	Mother's Birthplace Balti. Co. Md.					
Name of person giving Information Wm. H. Forshman	How related to deceased Son					
CAUSES OF DEATH						
Primary Chronic Asthma	How long Eight years.					
Immediate Paroxysms	How long Ten hours.					
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. R. Albaugh M.D.					
	Address Blen Rock Pa.					
Accident or Suicide? no	R. D. #1.					

PHYSICIAN  
OR CORONER

66

✓

This Certificate having been  
overlooked, for some time,  
was not returned at the time  
it should have been,

J. B. Wallace  
Health Officer 6<sup>th</sup> District

Name  
in  
Full

Martha Gamble

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Texas

Town

County

MARYLAND

Date  
of death

1909 11 9

Month

Day

Years

Age

70

Months

unknown

Days

unknown

Sex

Female

Color or  
Race

Colored

Birth-  
place

Md.

Occupation

Domestic

Where Residing if not  
at place of death

Baltimore Co. Almshouse

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

House Register

How related  
to deceased

None

CAUSES OF DEATH

36

U

How long

6 months

How long

Primary

Tertiary Syphilis.

Immediate

Exhaustion -

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Hilmer C. Ensworth M.D.

Address

Cockeysville  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

No

John Burns & Sons  
Towson and  
Institutional  
John Hopkins  
Hospital

Name  
in  
Full

Nicholas Charles Gibbs X

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Glencoe	Baltimore				
Date of death	Month	Day	Years	Months	Days
1909	11	5	10	—	—
Sex	Male	Color or Race	Black	Birth-place	Glencoe
Occupation	school boy		Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband		—		
Father's Name	Nicholas Gibbs		Father's Birthplace	Balto. Co	
Mother's Maiden Name	Virginia Robinson		Mother's Birthplace	Balto. Co	
Name of person giving information	Nicholas Gibbs		How related to deceased	Father	

CAUSES OF DEATH

Primary	Glandular Tuberculosis	
Immediate	Peritonitis	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		P. H. Shermanline M.D.
		Address
		Glencoe Md - 8
PHYSICIAN OR CORONER	Accident or Suicide?	

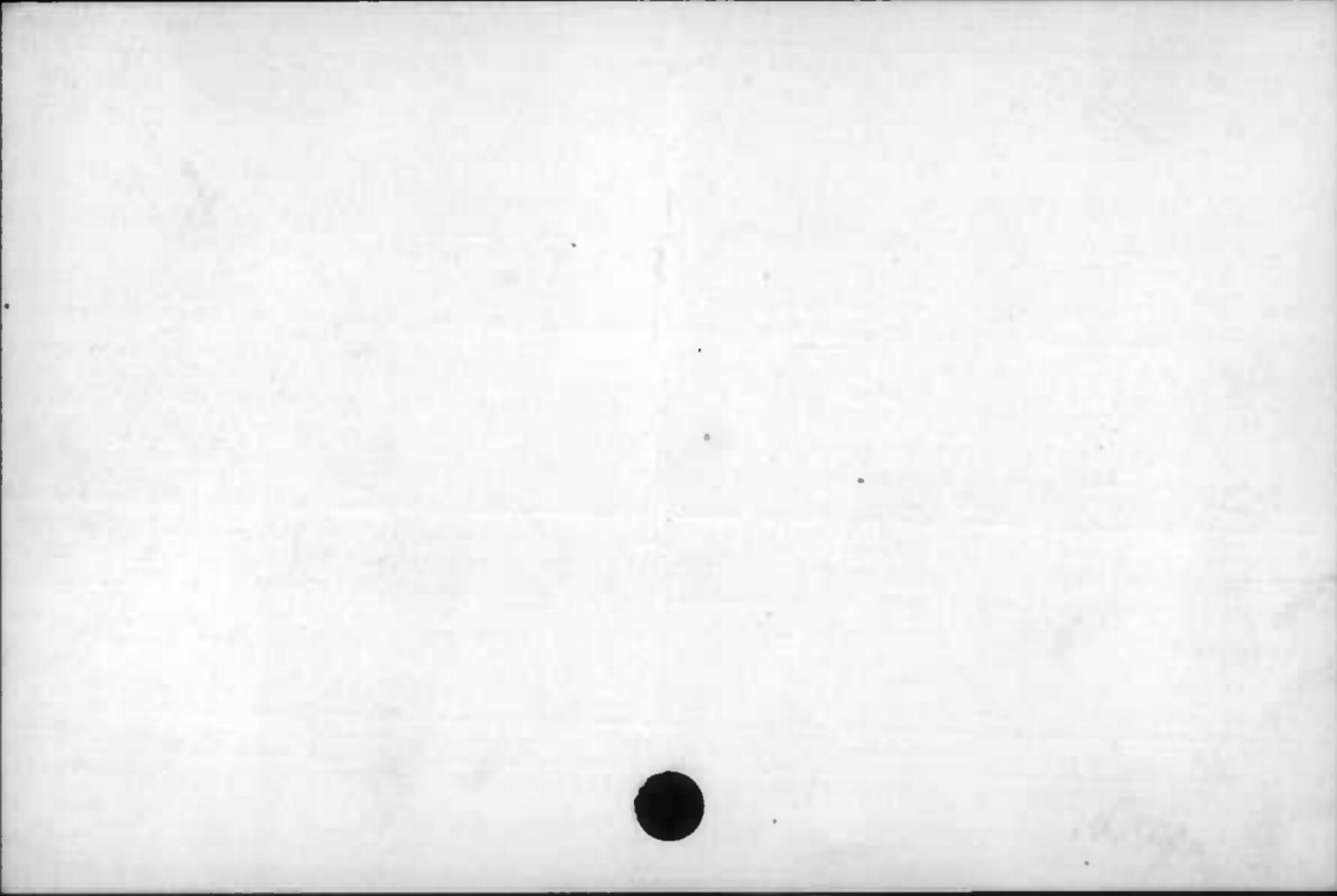
33

How long

3 months

How long

6 days



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



CERTIFICATE OF DEATH

Florence Gorrell

Town

County

MARYLAND

Died at Towson

Baltimore

Date of death 1901

Month Nov

Day 14

Years 17

Months 4

Days

Age

Sex F

Color or Race W

Birth-place

Baldo

Occupation

Machine Operator Shirt factory

Where Residing if not  
at place of death

Baldo Block 7 App. Endown

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Arlie Gorrell

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving  
Information

How related  
to deceased

27

✓

How long

2 yrs

How long

Primary

Pulm T.B.

CAUSES OF DEATH

Immediate

Hemorrhage

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Clydes W. Foster M.D.

Address

Towson, Md.

Accident or Suicide?

James Dignow & Son  
759 W Lomburg st  
New Thederal Cemetery

Name  
in  
Full

Caroline Smith Grogg.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chesapeake		Town	Balto Co.		County	MARYLAND	
Date of death	1909	Month Nov	Day 10	Years 28	Age	Months	Days
Sex Female	Color or Race		White		Birth-place	Baltimore	
Occupation Housewife			Where Residing if not at place of death		Chesapeake Balto.		
Married, Single or Widowed Married	Name of Wife or Husband		William K Grogg		Father's Birthplace	Baltimore Md	
Father's Name Edward Smith					Mother's Birthplace	Balto.	
Mother's Maiden Name Catherine Sullivan					How related to deceased	To	
Name of person giving Information	Edward Smith						

137

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Unnatural life of cataract 15 days

Immediate

Selfie Embolism

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Accident or Suicide?

Address

137

How long

1/14

Mount County, 1

Name  
in  
Full

Tacy A Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Died at	St Helena	Balto				
Date of death	1909	Month	Day	Years	Months	Days
	Nov		26	64	7	16
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife	Where Residing if not et. place of death	St Helena			
Married, Single or Widowed	Widow	Name of Wife or Huaband	Wm T. Hackett			
Father's Name	James Mc McDonald	Father's Birthplace	Maryland			
Mother's Maiden Name	H. Burton	Mother's Birthplace	'			
Name of person giving Information	R. Jewell	How related to deceased	Daughter			
CAUSES OF DEATH						
Primary	Chronic Enteritis Nephritis			12 months		
Immediate	Hemorrhage			3 days.		
Are the name, age, sex, color, date and place correctly given above ?				How long		

Signature of  
Physician

Address

Accident or Suicide

# 715 Armstrong Denny Co  
8th St. —  
Mt Carmel Cemetery  
Sunday Nov- 28-89

Name  
in  
Full

Annie E. Hathaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Albian L. Hathaway		
Father's Name	Thomas Casley			
Mother's Maiden Name	Elizabeth Stevens			
Name of person giving information	Amanda S. Smith			

CAUSES OF DEATH

120 ✓

How long

2 weeks.

Primary

Chronic Intestinal Neophthisis

Immediate

Uremia

How long

24 hrs

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. S. W. Kieffer  
Mowell Park  
Balto Co. Md.

Accident or Suicide?

Baltimore  
Emmett  
Nov 14 1909

Pitt Mercer  
undertaker

---

---

Name  
in  
Full

Sarah S. Hayes

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at Govans	Baltimore				
Date of death 1909 Nov.	Month 8	Day	Years 30	Months	Days
Sex Female	Color or Race	white			Birthplace Baltimore
Occupation none	Where Residing if not at place of death			Govans	
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John S. Hayes				Father's Birthplace	Virginia
Mother's Maiden Name Susan McKim Gordon				Mother's Birthplace	Baltimore
Name of person giving Information Susan S. Hayes				How related to deceased	Sister
CAUSES OF DEATH					
Primary	Meningitis cerebral			How long	one week
Immediate	Exhaustion			How long	one week

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

Walter S. Carmel M.D.

21125 3rd St.

Accident or Suicide? none

Henry W. Jenkins & Sons Co

Holmenmowt Cen

Name  
in  
Full

William Edward Heiser  
Town Brooklandville County Baltimore.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Date  
of death

1909

Month

Mar.

Day

17

Years

Age

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Baltimore  
Brooklandville

Occupation

None

Where Residing if not  
at place of death

Brooklandville

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Harry J. Heiser

Father's  
Birthplace

Mother's  
Maiden Name

Sandy Woods.

Mother's  
Birthplace

Name of person giving  
Information

Mrs Laura Heiser

How related  
to deceased

Primary

9 Muscular  
Dystrophy

179

Immediate

Inhalation

Two weeks

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

L. B. Bessie and Shmuel  
P. Reider  
cada

PHYSICIAN  
OR CORONER

Accident or Suicide

Johns Burns Sons  
Treasors  
Inventor at  
Sales Cens.

Name  
in  
Full

Mary A. Hisley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

Port Howard Baltimore

County

Date

Month

Day

of death 1909

Nov.

3

Years

Age 34

Months

2

Days

15

Sex

Color or  
Race

Female

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of  
Husband

Father's  
Name

Married Joseph E. Hisley

Father's  
Birthplace

John Polfed

Baltimore

Mother's  
Maiden Name

Mary b. Gerner

Mother's  
Birthplace

Name of person giving  
Information

Joseph E. Hisley

Maryland

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

8 months

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

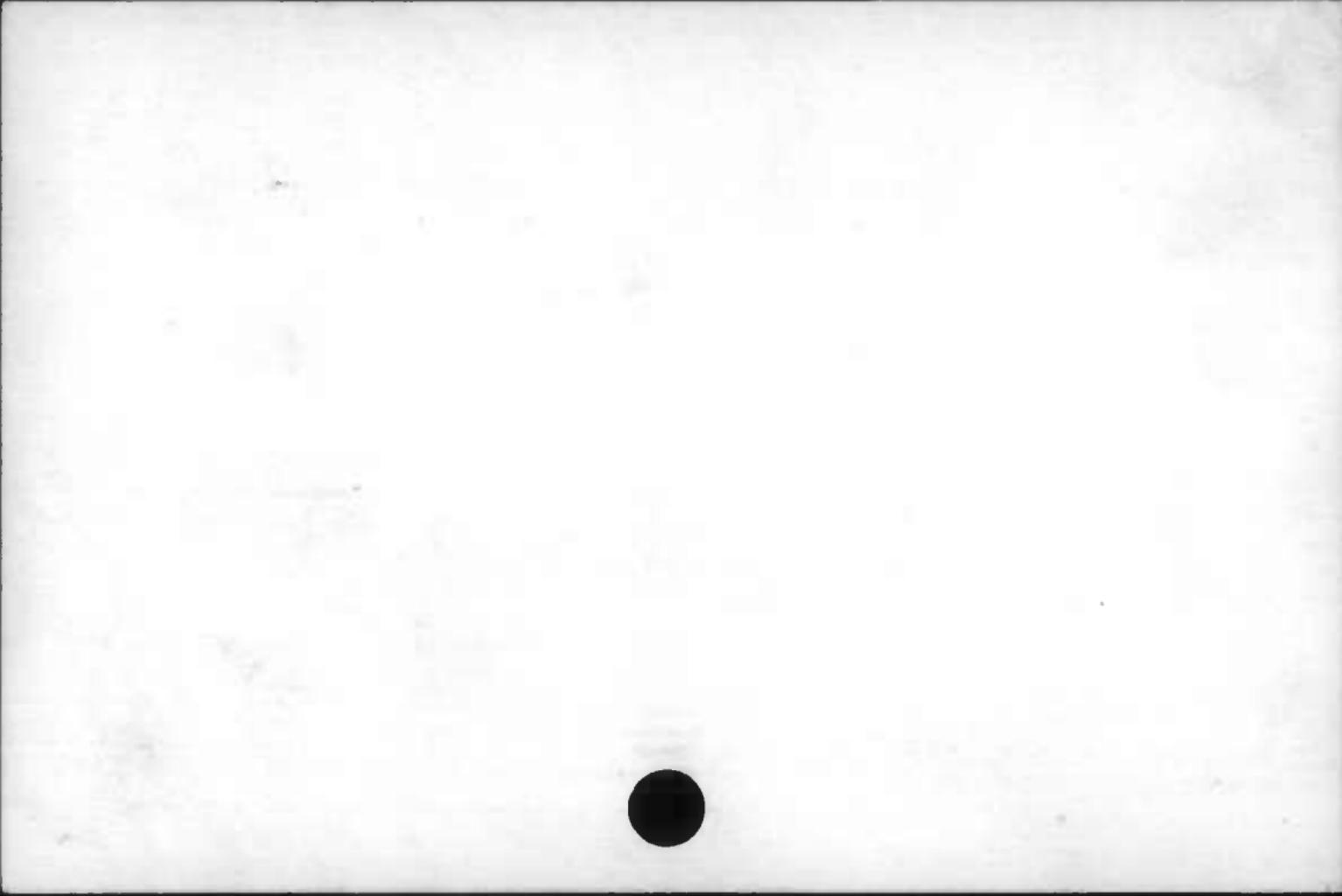
Signature of  
Physician

Address

H. K. Peltekian M.D.  
Sparrows Pt.  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

William Walter Holloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

BUREAU OF CORONER

Died at Rossville

MARYLAND

Date of death 1909 November 1<sup>st</sup>

County Baltimore

Months

Days

Years

Age —

Sex Male

Color or Race

Colored

Birth-place

9

Rossville

Occupation

none

Where residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

William Walter Holloway

Father's Birthplace

Chase Md

Mother's Maiden Name

Mary Chew

Mother's Birthplace

Balto City Md

Name of person giving  
Information

William Walter Holloway

How related  
deceased

Father

Primary

Whooping Cough

CAUSES OF DEATH

(8)

How long

3 weeks

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

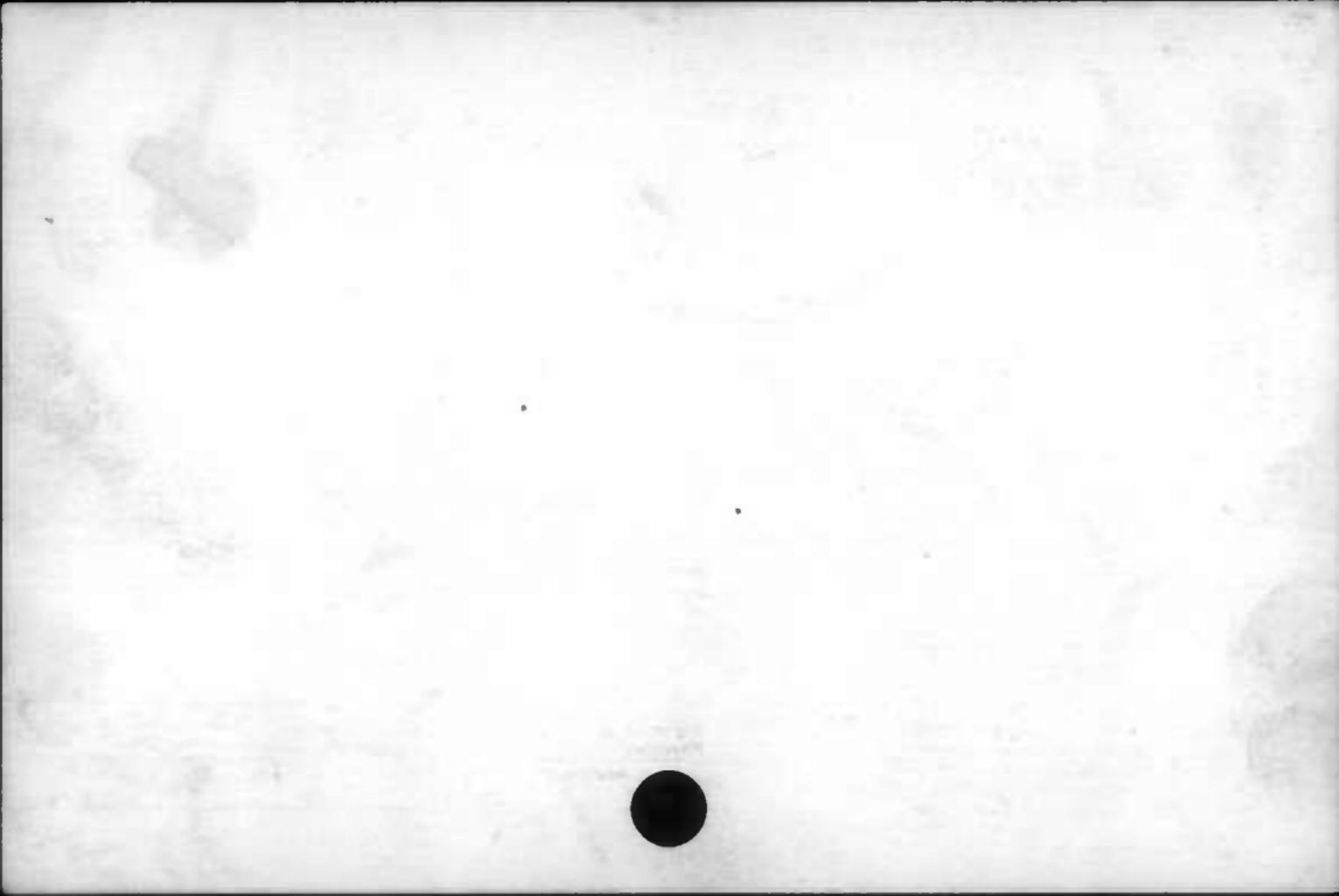
yes

Signature of  
Physician  
Coroner

Address

William H Haut  
Rossville P.O.  
Balto Co., Md

Accident or Suicide



Name  
in  
Full

Ellen Sparks Howard.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Richard Howard			
Father's Name	John Perdue				
Mother's Maiden Name	Callie Hutchins				
Name of person giving information	Emily Daniels				

CAUSES OF DEATH

①

How long

1 week

How long

24 hours

Primary

Typhoid Fever

Immediate

Intestinal Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

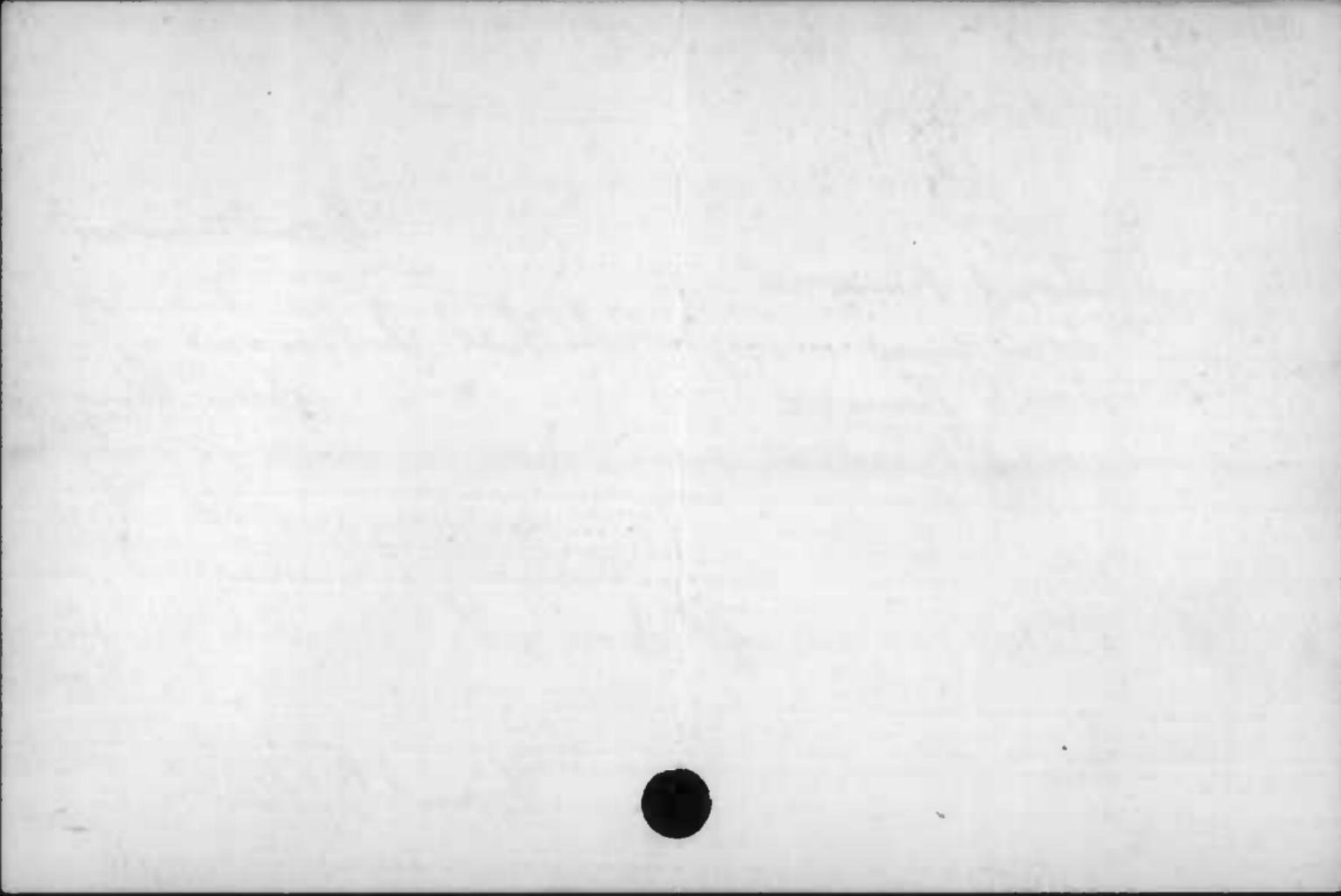
J. P. Payne M.D.

Address

Cobett Md.

Accident or Suicide?

No



Name  
in  
Full

Unknown man Surname Novel

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	
Died at	Balto	
Date of death	Month	Day
1909 Nov 20		
Age	Years	Months
about 40 yrs		
Sex	Color or Race	Birth-place
male	white	Don't know
Occupation	Where Residing if not at place of death	
Don't know	Don't know	
Married, Single or Widowed	Name of Wife or Husband	
Don't know	Don't know	
Father's Name	Father's Birthplace	
Don't know	Don't know	
Mother's Maiden Name	Mother's Birthplace	
Don't know	Don't know	
Name of person giving Information	How related to deceased	
Coroner & Sheriff		

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary

Accident on Rail Road

How long

Instant

Immediate

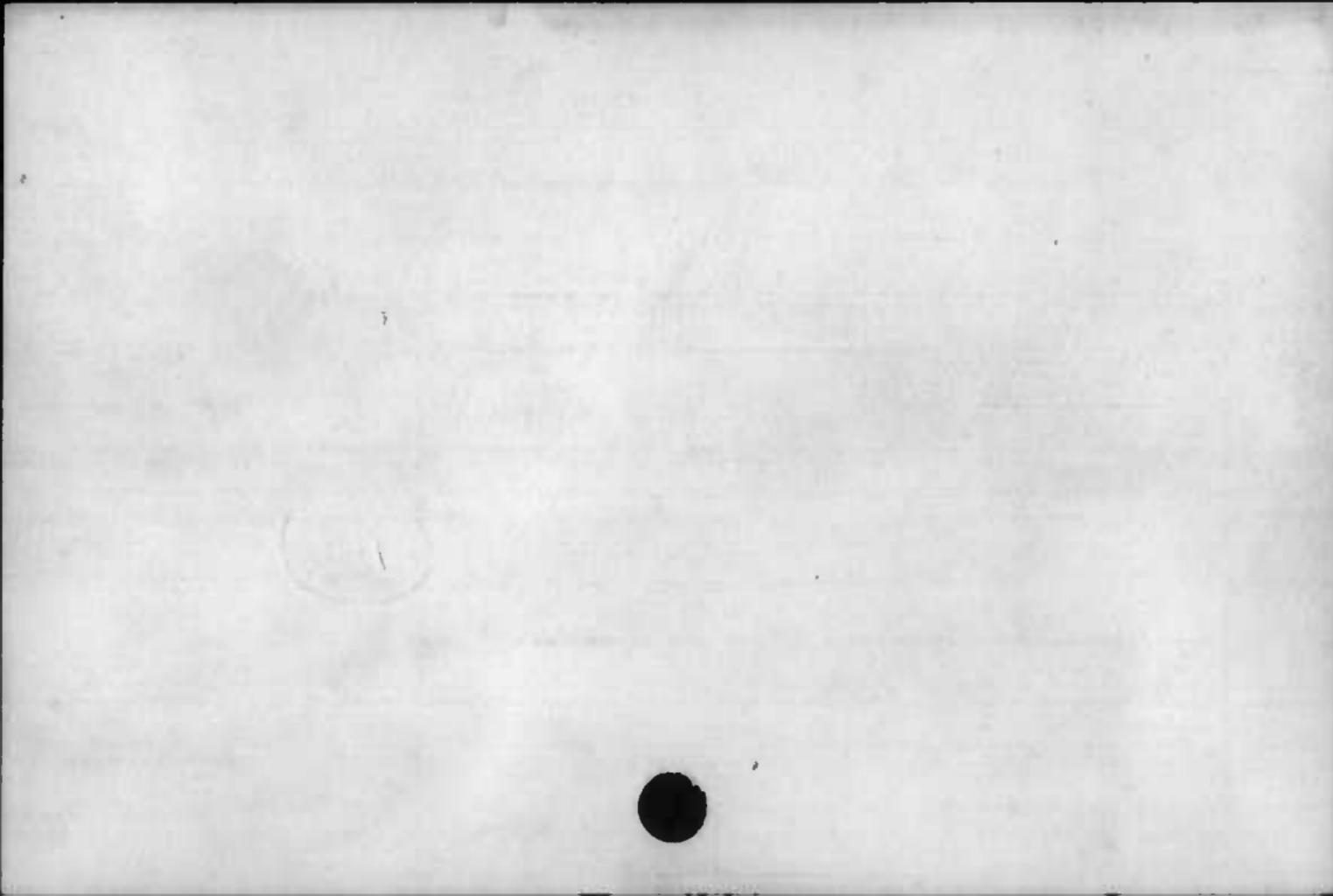
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John J. Grauer  
Coroner

Accident or Suicide?





142

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Samuel J. S. Hembard  
Town  
Died at St Agnes Hospital Baltimore County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909	Month 11	Day 26	Years 9	Months 11	Days -
Sex Male	Color or Race White	Birth-place Penn			

Occupation None	Where Residing if not at place of death 1201 Frederickson
-----------------	---

Married, Single or Widowed Single	Name of Wife or Husband
-----------------------------------	-------------------------

Father's Name S. L. Hembard	Father's Birthplace Penn
-----------------------------	--------------------------

Mother's Maiden Name Anna D. Joseph	Mother's Birthplace Penn
-------------------------------------	--------------------------

Name of person giving Information S. L. Hembard	How related to deceased Father
---	--------------------------------

CAUSES OF DEATH

166

How long

22 Hours

How long

Primary Gun shot wound

Immediate Hemorrhage of Brain

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

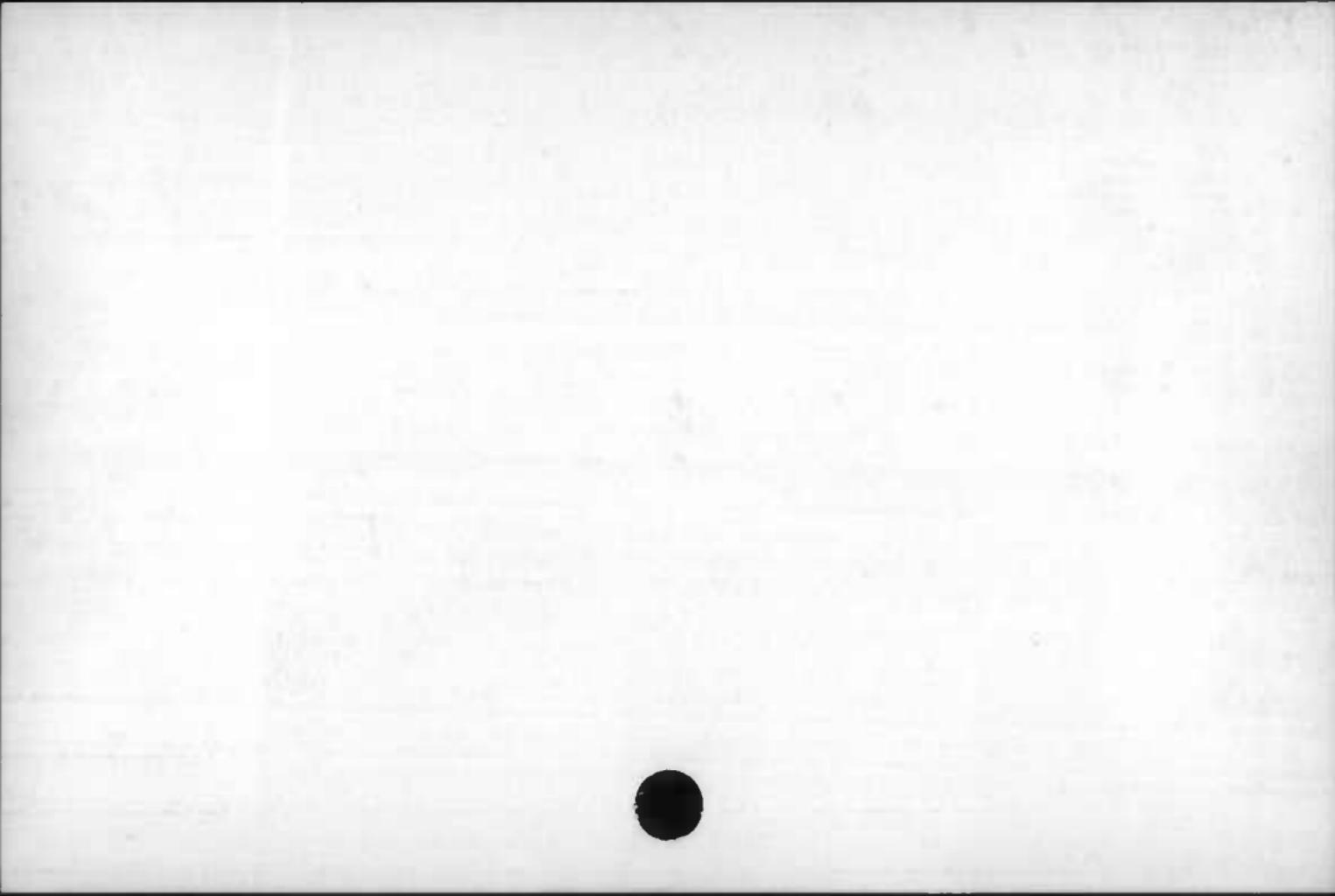
Yes August W. Miller (Coroner)

Mr Winans

Baltimore Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Town	Colgate P. O.	County	Baldo
Died at			
Date of death	Month 1909 Nov	Day 17	Age 22
Sex	Male	Color or Race	Colored
Occupation	None	Where Residing if not at place of death	Same
Married, Single or Widowed	Single	Name of Wife or Husband	None
Father's Name	William Jackson	Father's Birthplace	Val.
Mother's Maiden Name	Agnes Collins	Mother's Birthplace	Bald City
Name of person giving Information	William Jackson	How related to deceased	Father

## CAUSES OF DEATH

Primary

Convulsions

71  
How long

How long

PHYSICIAN  
OR CORONER

immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Mr. J. G. Jackson.  
Undertaker.

Ashley Cemetery. Bolto. Md. -

Name  
in  
Full

Antonie Japovice Baets

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Brooksville		Balito			
Date of death	Month	Day	Years	Months	Days
1909	Mar	8	Age	3	
Sex	Color or Race	White	Birth-place	Balito Co	
Occupation	Where Residing if not at place of death				
None	Sam				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Germany	
Single	John Japovice				
Father's Name	Mary Adofski		Mother's Birthplace		
Mother's Maiden Name	John Japovice		How related to deceased	Father	
Name of person giving information					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Chiliform Seizure  
Convulsions

151



How long

Immediate

8 hrs

How long

Are the name, age, sex, color, date and piece correctly given above?

Signature of Physician

Address

Accident or Suicide

M. F. SADOWSKI  
703 S. ANN ST.  
BALTIMORE; MD.

*St. Stanislaus Cemetery*

NOV 9 - 1909

Name  
in  
Full

Mary Giuliano

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND		
Died at	Highland Town	Baltimore.				
Date of death	1901 Nov.	Month	Day	Years	Months	Days
Sex	F.	Color or Race	W.		5	
Occupation	Where Residing If not at place of death 3928 Claremont St.					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Raffaele Giuliano					
Mother's Maiden Name						
Name of person giving Information	Anthony Lombardini					

CAUSES OF DEATH

Primary

Acute gastritis

104

How long

3 days

Immediate

4 1

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. Valentino MD  
16 Broadway  
Baltimore

Accident or Suicide

Wendell Lippel Son  
330 S. Bond St.

Bung Nov. 17<sup>th</sup> /09

St. Vincent - Cane.

---

Name  
in  
Full

Sarie May Kenny

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Phoenix

County

Baltimore

MARYLAND

Date  
of death

1909

Month

11

Day

29

Years

—

Months

—

Days

—

Sex

Female

Color or  
Race

White

Birth-  
place

Phoenix

Occupation

—

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John Waller Kenny

Father's  
Birthplace

Texas

Mother's  
Maiden Name

Helenoree Bassom

Mother's  
Birthplace

Montgomery

Name of person giving  
Information

Mother

How related  
to deceased

8

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

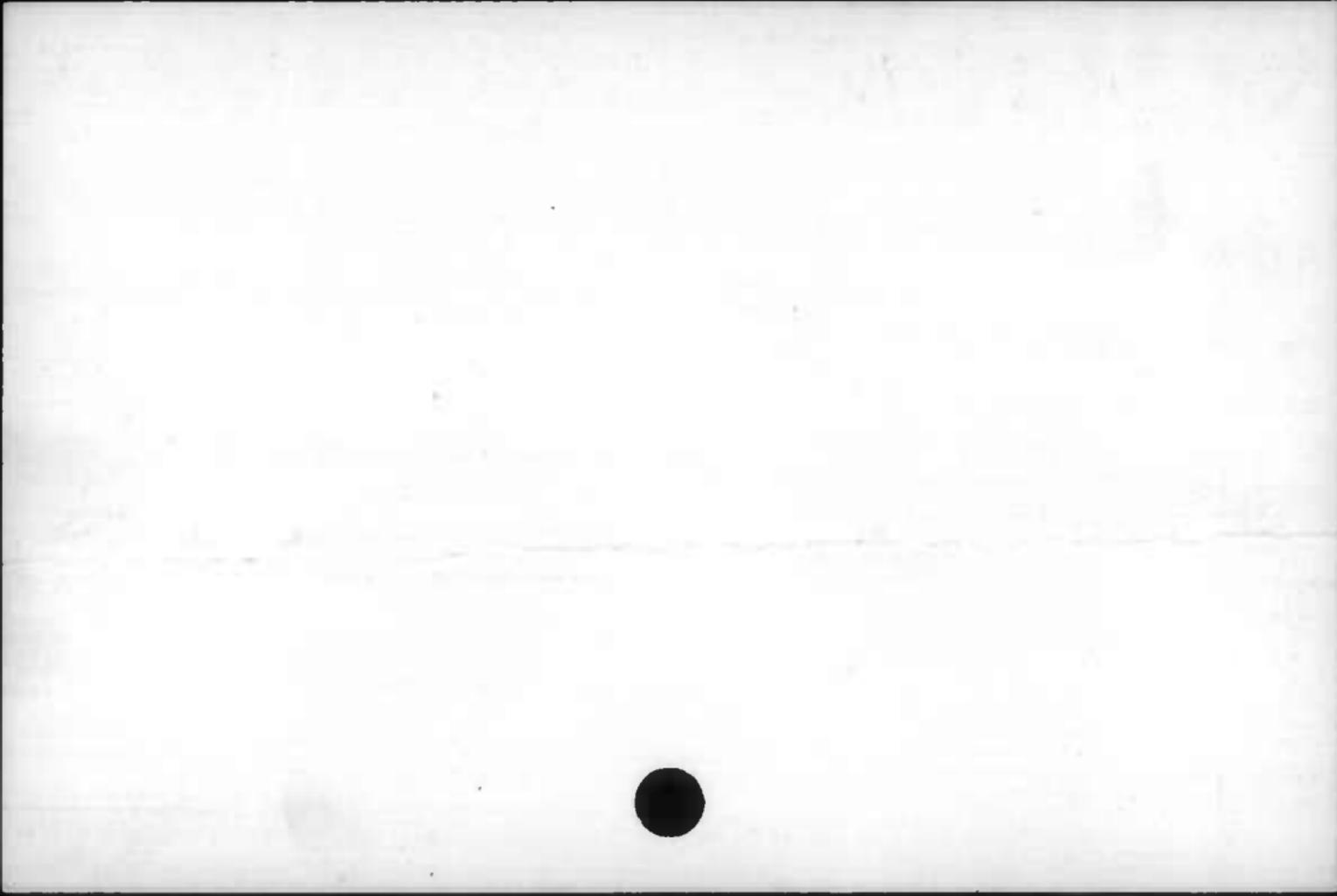
Address

J. Y. Payne M.D.

Phoenix

Accident or Suicide?

10



Name  
in  
Full

Elizabeth Koppelman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 8 Harriet Road Park Baltimore

MARYLAND

Date of death 1909 Month Nov Day 20 Years Age 67 Months 5 Days

Sex Female Color or Race white Birth-place Maryland

Married Single  
Widowed

Occupation Nurse

Name of Wife or Husband

Father's Name

J George Koppelman "Deceased"

Charles First

Father's Birthplace

Germany

Mother's Maiden Name

Catharine Wurtz

Mother's Birthplace

Germany

Name of person giving information

Arthur Koppelman

How related to deceased

Son

CAUSES OF DEATH

Primary

Smile Brumichis

How long

6 mos

Immediate

Asphyxia

How long

—

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

Just Branchay  
2200 Eutaw Pl

Accident or Suicide?

nv

Dr Mossenbury  
Dear Sir! Please grant  
Permit for burial in  
Green Mount Cemetery  
and oblige

Stewart & Moore Co

Nov 22nd 1909

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

# Charles Kramer

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Birthplace		
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Singl	Name of Wife or Husband	Father's Birthplace	Maryland	
Father's Name	James H. Kramer		Mother's Birthplace	Maryland	
Mother's Maiden Name	Annie Roberts		How related to deceased	Maryland	
Name of person giving Information	Annie Kramer		Mother		

## CAUSES OF DEATH

Primary

Pneumonia

How long

99

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

F. L. Glantz

Address

3241 Eastern Ave

Accident or Suicide?



Oak Lawn  
Dec 2<sup>nd</sup> 1910

H. Sander Sons

A 601

Name  
In  
Full

Charles boburn white Kramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Died at	Highlandtown	Baltimore	
Date of death	Month	Day	Years Months Days
1909	Nov	1	5 2 21
Sex	Male	Color or Race	White
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name	James H. Kramer	Father's Birthplace	Md.
Mother's Maiden Name	Annie Roberts	Mother's Birthplace	Md.
Name of person giving information	James H. Kramer	How related to deceased	Father
CAUSES OF DEATH			
Primary	Solar Pneumonia	How long	93 weeks
Immediate	Paralysis	How long	20 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. F. A. Glantz

Address

3241 Eastern Ave.

Accident or Suicide?

Jos B book  
Mt Carmel Cen

Name  
in  
Full

Amelia Krebs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Orangerville	County	Baldo	MARYLAND	
Date of death	Month 1909	Day 11	Years 29	Months 10	Days 23
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	none	Where Residing if not at place of death	5 Loners Lane	Conrad Krebs	
Married, Single or Widowed	Widow	Name of Wife or Husband	Conrad Krebs	Father's Birthplace	Germany
Father's Name	Unknown	Mother's Maiden Name	" "	Mother's Birthplace	" "
Name of person giving information	Annie Behn	How related to deceased	Daughter	How long	3 years

CAUSES OF DEATH

Primary

Val. Dis. of heart

79

How long

Immediate

Asthma

v

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Gio. Meltius

6 N. Broadway

Accident or Suicide

No

Mr. Camel leem

J Herwig Jm

12/1/09

Name  
in  
Full

William Frederick Krocdele

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
st Louis	Baltimore	Month	Days
Date of death	Month	Day	Age
1909	11	19	45
Sex	Color or Race	Whare Reading if not at place of death	Birth-place
Male	White		Baltimore
Occupation			
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Herman J. Krocdele	Father's Birthplace	Germany
Mother's Maiden Name	Elizabeth L. Frank	Mothar's Birthplace	Germany
Name of person giving Information	Harry Krocdele	How related to deceased	Brother
CAUSES OF DEATH			
Primary	Tuberculosis of Lungs		
Immediate	Exhauation		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
yes		W.B. Hall	207 W. Minn.

Accident or Suicide

William Cook.

Mt Olivet

Name  
in  
Full

Martin Luther Lawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	84	8	9
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary E Lawson			
Father's Name	Joseph Lawson				
Mother's Maiden Name	Barbara Ruhl				
Name of person giving Information	Geo A Lawson				

CAUSES OF DEATH

Primary

Valvular Disease of Heart

79

New long

7-3 years

Immediate

General Failure

How long

2-3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

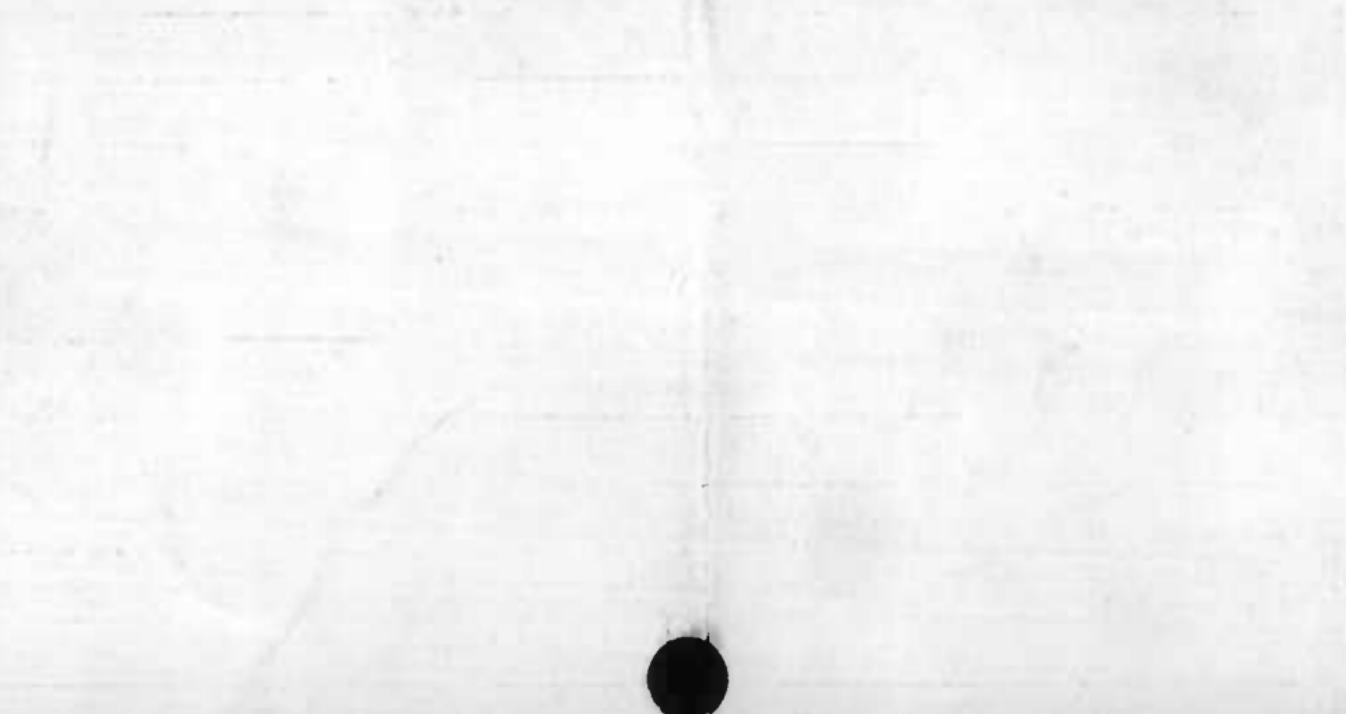
Signature of Physician

Address

A. R. Mitchell

Mount St. 5  
Md. 5

Accident or Suicide?



Name  
in  
Full

Reese M. Leyshore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Baltimore Town Baltimore County  
**MARYLAND**

Date of death 1909 Nov. 19 Month Nov. Day 19 Years 46 Months 4 Days 9

Sex Male Color or Race White Birth-place Wales

Occupation Restaurateur Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife Mary Leyshore  
Husband William Leyshore

Father's Name William Leyshore Father's Birthplace Wales

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving Information Mary Leyshore How related to deceased Wife

CAUSES OF DEATH

Primary Cirrhosis of Liver

112

How long

six months

Immediate Acute Gastritis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician  
Address

David W. Jones  
3116 O'Donnell St

PHYSICIAN  
OR CORONER

Accident or Suicide

Mt Carmel

Nov. 21/09

R. Sander 10m

Name  
in  
Full

Charles B. Liversey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Died at St Agnes Hospital Baltimore	Baltimore	Age about 59	Years	Months	Days
Date of death 1909	Month Nov	Day 21	Years	Months	Days
Sex male	Color or Race white	Birth-place Bucks Co Penna.			
Occupation Real Estate	Where Residing if not at place of death 701 Edmonson av Baltimore				
Married, Single or Widowed Divorced	Name of Wife or Husband Unknown				
Father's Name Samuel Liversey	Father's Birthplace Bucks Co Penna				
Mother's Maiden Name Harriet Bright	Mother's Birthplace Unknown				
Name of person giving information Robert Liversey	How related to deceased Brother				
Probably due to a fall.					
CAUSES OF DEATH					
Primary Chronic Alcoholism	How long 5 yrs +				
Immediate fracture of 3rd m. Uterus	5 days.				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Allen Graham M.D.			
Address	St Agnes Hospital				
Accident or Suicide?	No.				

164

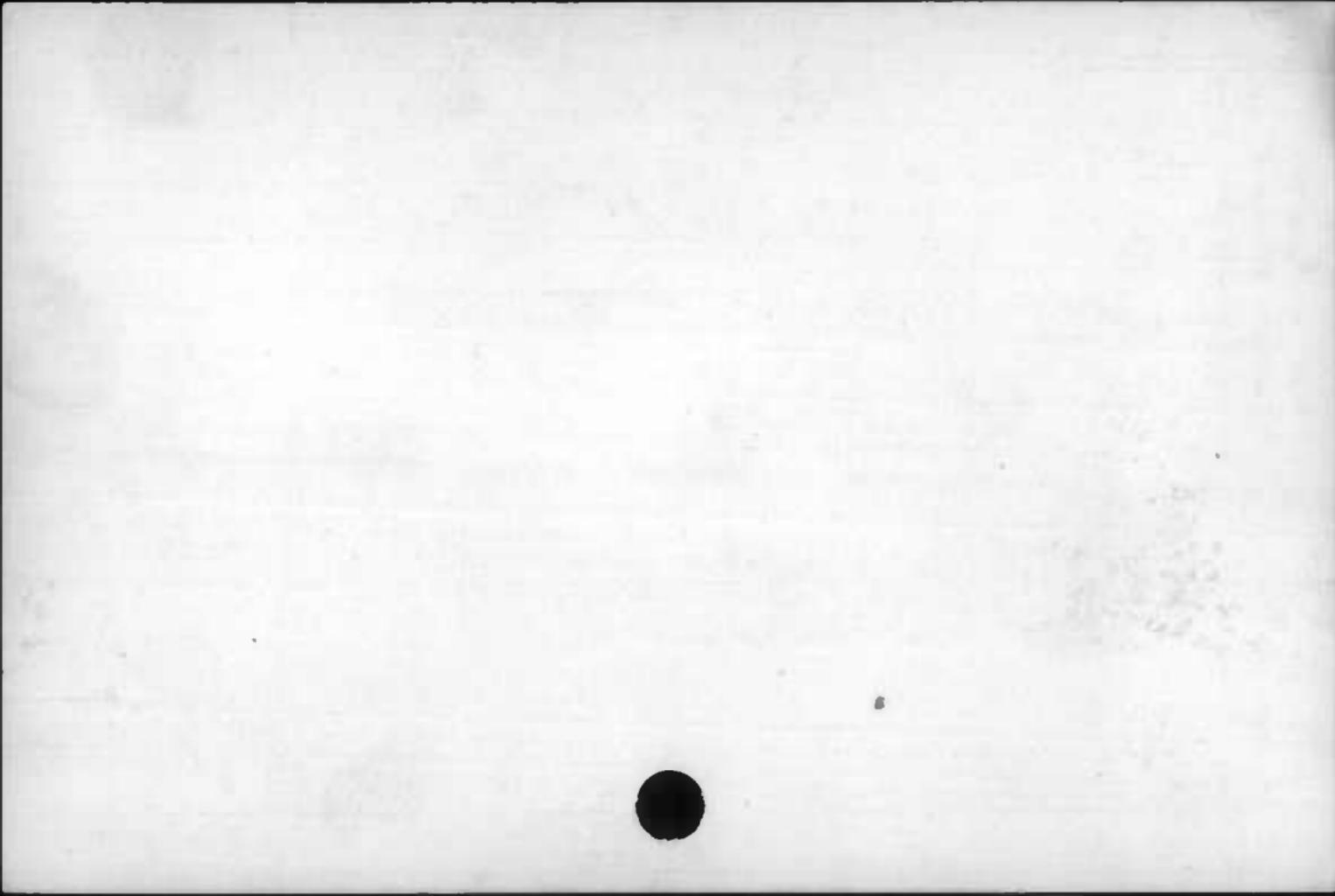
✓

5 yrs +  
5 days.

Allen Graham M.D.

St Agnes Hospital

LIBRARY BUREAU ASSOC.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

H. Thomas Lyte

CERTIFICATE OF DEATH

Died at	White Hall	Town	Baldo Co	County	MARYLAND	
Date of death	1909	Month Nov	Day 10	Years 81	Months	Days
Sex	male	Color or Race	white	Birth-place	Balto Co.	
Occupation	farmer	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Eleanor Treadaway			
Father's Name	Thomas Lyte	Father's Birthplace Balto Co				
Mother's Maiden Name	Charity McComas	Mother's Birthplace Harford Co				
Name of person giving information	Mrs Catchart	How related to deceased daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accident

(166)

How long

Immediate

Congestion of the lungs.

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

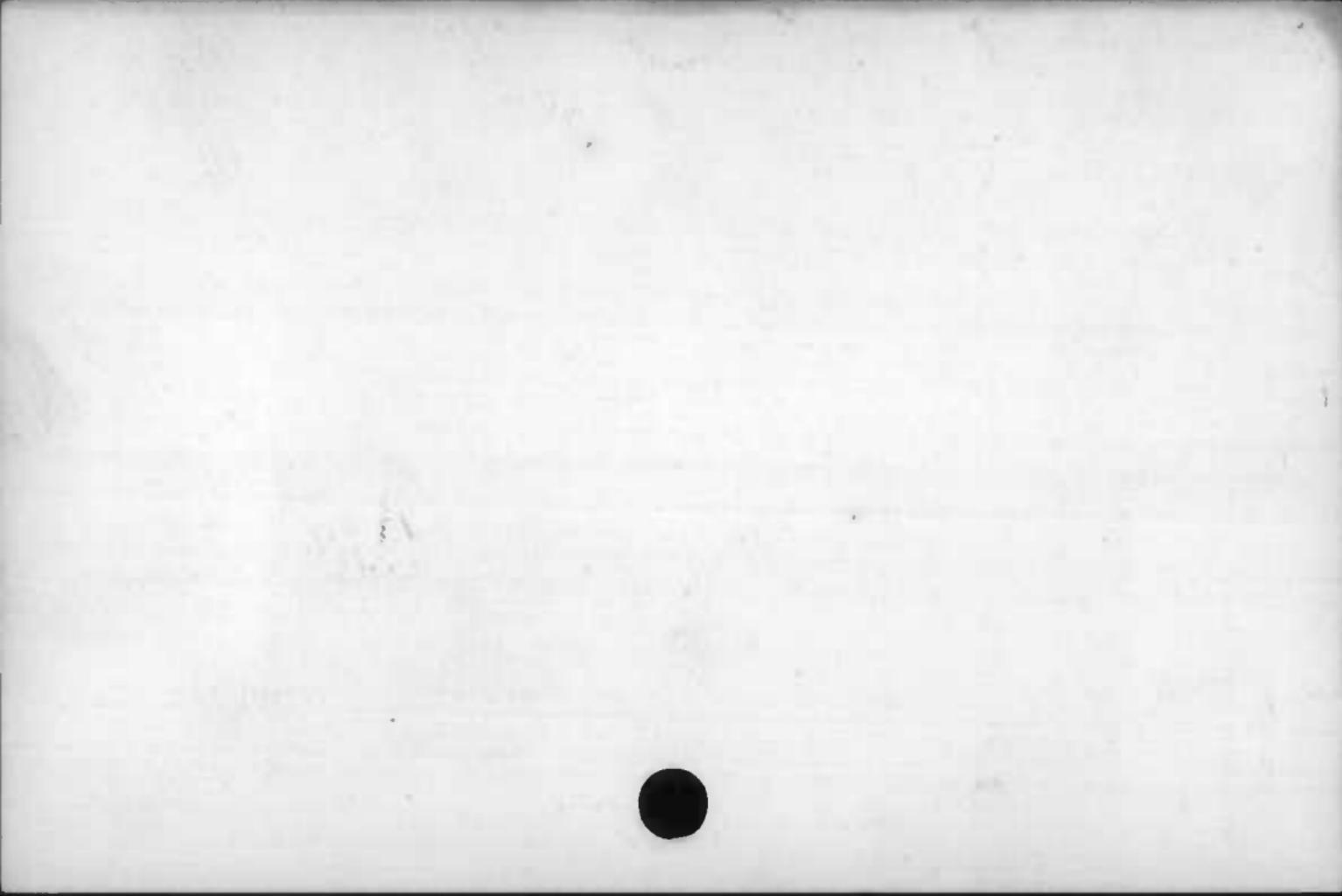
Thomas C. Baedeker

Address

White Hall

Maryland.

Accident



Name  
in  
Full

Bernard F. McGlone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near Poolesville County Balto

Date of death 1909 Month Nov Day 18 Age 74 Months — Days —

Sex Male

Color or Race

white

Birth-place

Baltimore City

Occupation Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Souse

McGlone

Father's Name

George

McGlone

Father's Birthplace

Ireland

Mother's Maiden Name

Mary

McMullen

Mother's Birthplace

Ireland

Name of person giving  
Information

Sousea McGlone

How related  
to deceased

wife

CAUSES OF DEATH

120

How long

Primary

Chronic Disease with Nephritis

Some yrs

Immediate

Hypostatic Congestion of Lungs

10 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

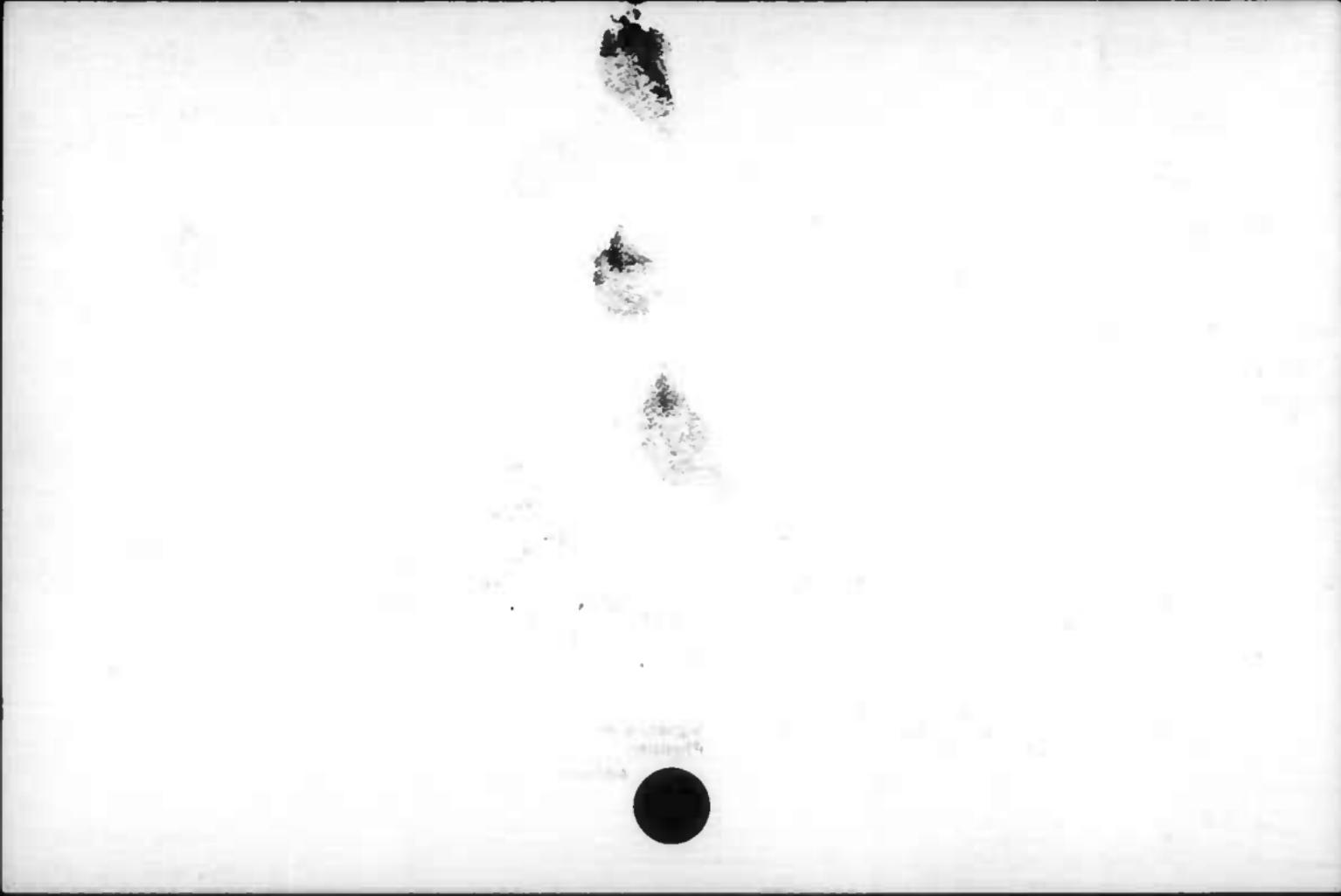
H. M. Seale

Address

Poolesville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Mrs. Grace E. McGovern

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	53		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	4407-Frederick Ave.			
Father's Name	Sylvester McGovern				
Mother's Maiden Name	Unknown				
Name of person giving Information	How related to deceased				
Hospital Record					

PHYSICIAN  
OR CORONER

Primary

(Cirrhosis liver)  
Chronic Uterine Nephritis

Immediate

Menstrual. Op. Cervical Break

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

No

43

How long

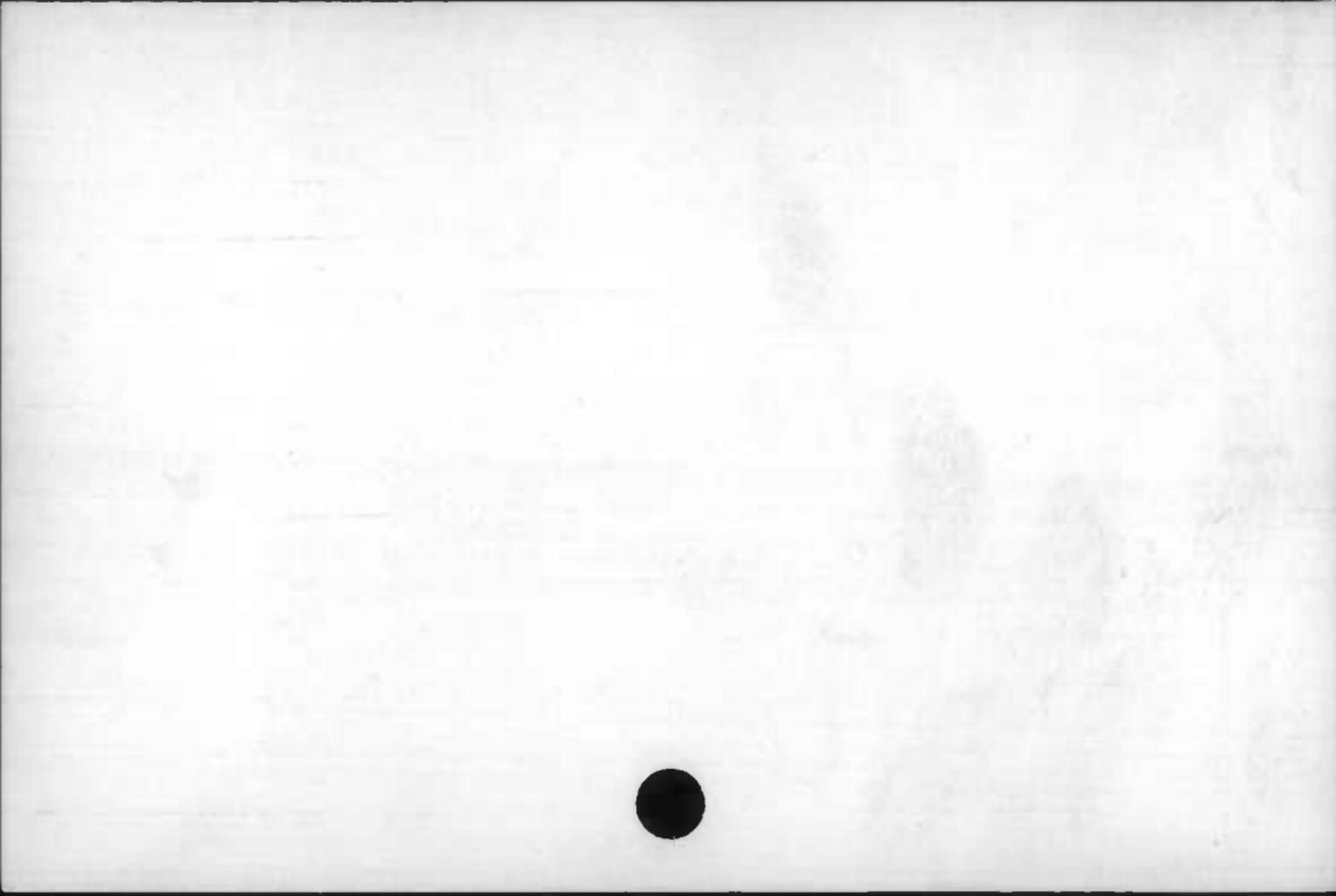
1 Yr. +

How long

2 days

Ledy Crouse  
St. Agnes Hospital

Accident or Suicide?



Name  
in  
Full

David Mann

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	St. Agnes Hospital	Baltimore			
Date of death	Month	Day	Years	Months	Days
1909	Nov.	8	57		
Sex	Male	Color or Race	White	Birth-place	Scotland
Occupation	Farmer	Where Residing if not at place of death Lonaconing, Md.			
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs. David Mann	Father's Birthplace	Unknown
Father's Name	Unknown	Mother's Birthplace			
Mother's Maiden Name	Unknown	Unknown			
Name of person giving Information	Hospital Records	How related to deceased <del>✓</del>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Carcinoma Stomach - operatin

How long

6 mos +

Immediate

General Peritonitis

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Fred Y. Evans  
St. Agnes Hospital

Accident or Suicide?

No.



Name  
in  
Full

Elizabeth Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Timonium

Town

County

Baltimore

MARYLAND

Date  
of death

1909

Month

November

Day

2nd

Years

31

Months

8

Days

19

Sex

Female

Color or  
Race

white

Birth-  
place

Timonium

Occupation

Post Mistress

Where Residing if not  
at place of death

Name

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Patrick Martin

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary Torpey

Mother's  
Birthplace

Ireland

Name of person giving  
Information

H.W. Doherty

How related  
to deceased

2nd Cousin

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis about 2 yrs.

Immediate

Tuberculosis

27

How long

How long

Are the name, age, sex, color,  
date and place correctly given above?

Yes

Signature of  
Physician

Address

B.P. Bursley  
Texas Md

Accident or Suicide

9

John Bowman  
of Joseph Tener.  
Md.

Name  
in  
Full

John St. Messner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at white marsh Town Baltimore County

MARYLAND

Date of death <u>1909</u>	Month <u>Nov</u>	Day <u>2</u>	Years <u>0</u>	Months <u>8</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>2nd</u>			

Occupation <u>car</u>	Where Residing if not at place of death <u>-</u>
-----------------------	--

Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>-</u>
--	----------------------------------

Father's Name <u>John St messner</u>	Father's Birthplace <u>md</u>
--------------------------------------	-------------------------------

Mother's Maiden Name <u>Mary Draayer</u>	Mother's Birthplace <u>md</u>
--	-------------------------------

Name of person giving information <u>Dear messner</u>	How related to deceased <u>sister</u>
---	---------------------------------------

CAUSES OF DEATH

14

Primary <u>dysentery</u>
--------------------------

How long 10 days

Immediate <u>asthma</u>
-------------------------

How long 2 days

Are the name, age, sex, color, date and place correctly given above?
--

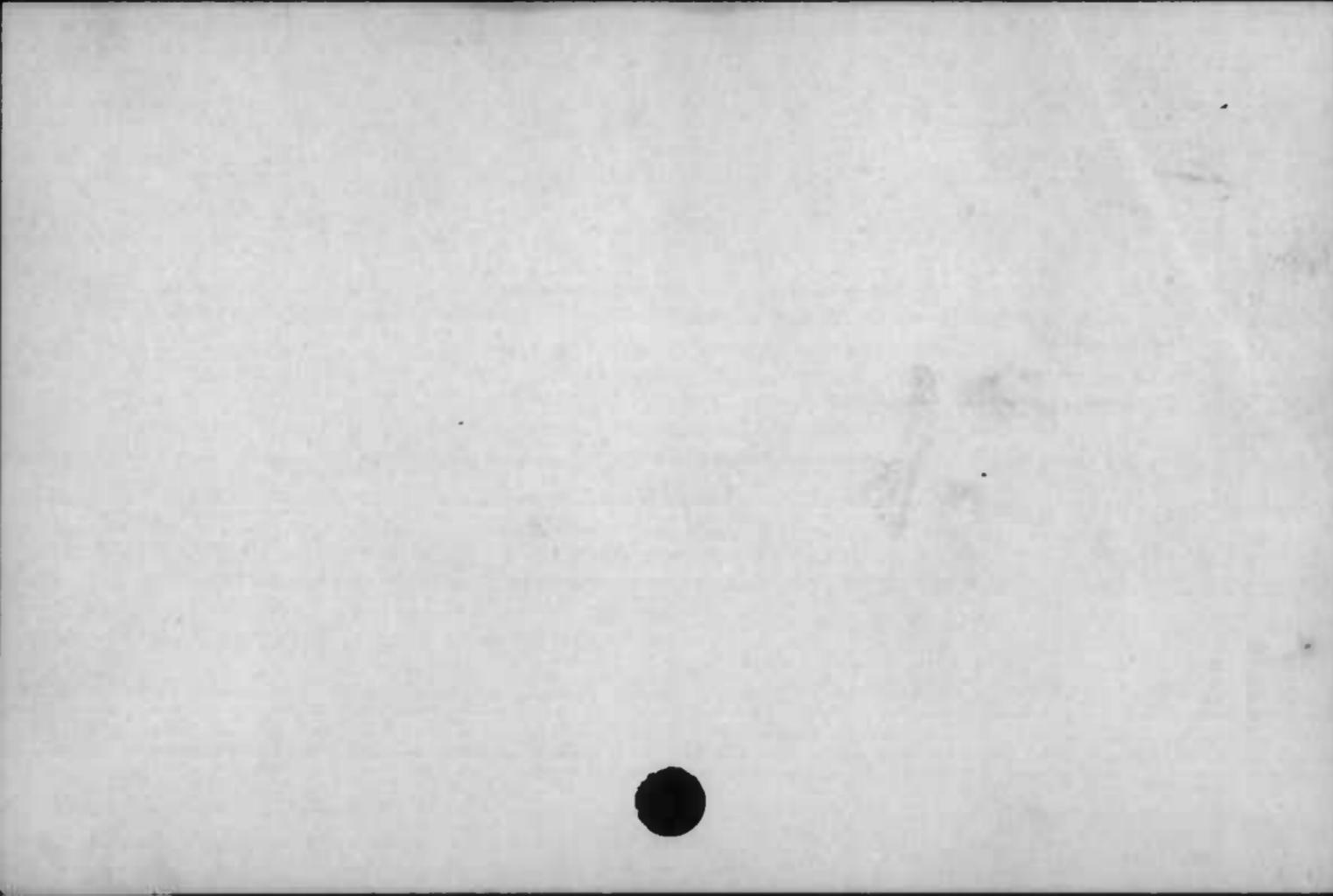
yes

Signature of Physician

Address

John Wessner and  
middle River and

Accident or Suicide? <u>no</u>
--------------------------------



Name  
in  
Full

Frances Paul Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town

Died at Sparrows Point

County

Baltimore

MARYLAND

Date of death Month Day Year Age Months Days  
1909 November 13 1909 2 13

Sex Ferrall Color or Race white Birth-place Baltimore  
Occupation child Where Residing if not at place of death

Married, Single or Widowed - Name of Wife or Husband

Father's Name Dennis Miller

Father's Birthplace Hungry

Mother's Maiden Name Jessie Pank

Mother's Birthplace Hungry

Name of person giving Information Jessie Pank

How related to deceased Mother

CAUSES OF DEATH

100

How long

Primary

How long

Immediate

1 week

Hurst

Are the name, age, sex, color, date and place correctly given above?

yes

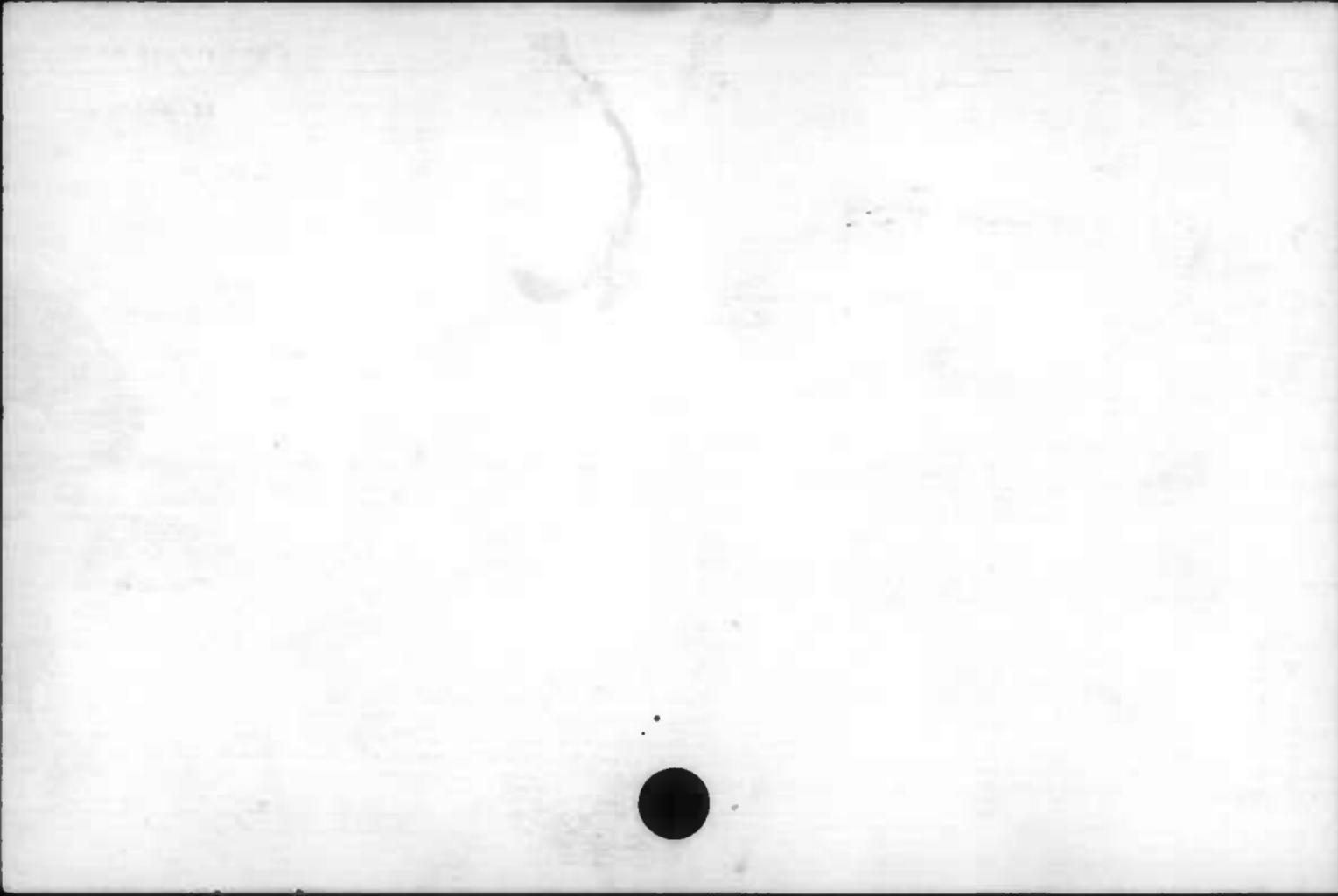
Signature of Physician

Address

J. C. Eldred M.D.  
Jessie Pank  
Md 15

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

George W. Moore

CERTIFICATE OF DEATH

Died at <u>St. Agnes Hospital Baltimore</u>				County		MARYLAND	
Date of death	Month	Day	Years			Months	Days
1909	Nov.	1	66				
Sex	Male	Color or Race	White-	Birth-place		Maryland	
Occupation	<u>Merchant</u>			Where Residing if not at place of death		<u>1806-Eutaw Pl.</u>	
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs. Geo. W. Moore				
Father's Name	<u>Unknown</u>			Father's Birthplace		<u>Unknown</u>	
Mother's Maiden Name	"			Mother's Birthplace		"	
Name of person giving information	<u>Hospital Record</u>			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Otteris Sclerotic

How long

1 yr +

Immediate

Pulmonary Oedema

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

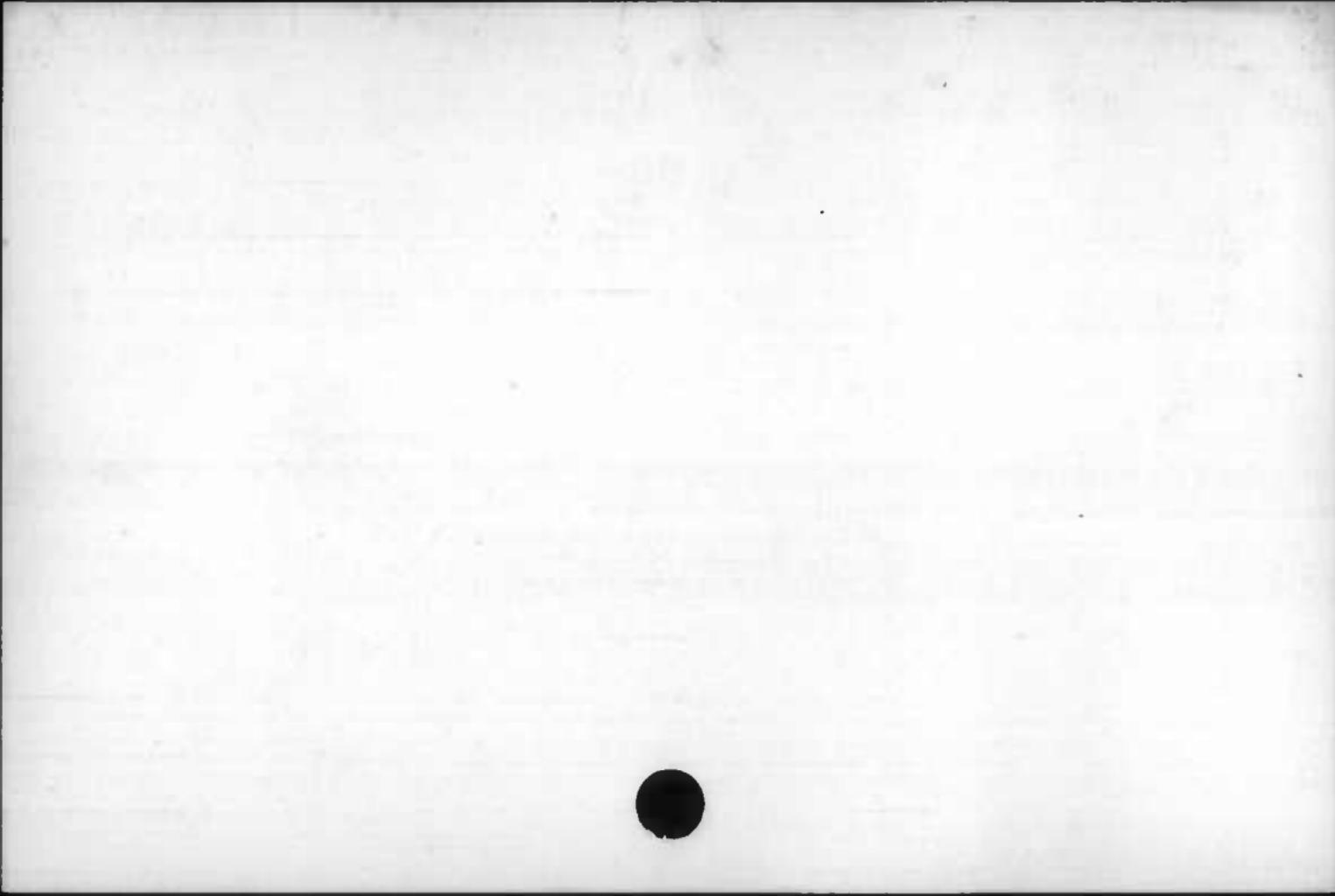
Yes

Address

Fredy C. Juk  
St. Agnes Hospital

81

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John P. Moran

Died at	Town	County	MARYLAND
Date of death 190	Month Nov	Day 11	Years 52
Sex Male	Color or Race White	Birth-place Baltimore	Montha
Occupation Wood Worker	Where Residing if not at place of death Baltimore	Baldo Md	Days
Married, Single or Widowed Single	Name of Wife or Husband None	Father's Birthplace Ireland	
Father's Name Patrick Moran	Mother's Birthplace Unknown		
Mother's Maiden Name Unknown	How related to deceasede	How long	
Name of person giving Information John W. Hogan	None	How long	

CAUSES OF DEATH

Primary

Fracture of skull

Immediate

Fall off bench of a building - lead

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Addres

Accident or Suicide



Ass. Cook.

Holy Cross Cemetery.

Monday Nov. 15-09.

Name  
in  
Full

James Morris.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND	
Died at	Texas	Balto.			
Date of death	1909	Month Nov.	Day 2	Years 72	Months
Sex	Male	Color or Race	white	Birth-place	Ireland
Occupation	Painter			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Bath Co. Almshouse	
Father's Name	Patrick Morris			Father's Birthplace	Ireland
Mother's Maiden Name	Margaret Tully			Mother's Birthplace	Ireland
Name of person giving information	House Register			How related to deceased	No relation

CAUSES OF DEATH

64

How long

2 weeks

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage (Paralysis)

Immediate

Coma

How long

1 day -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wilmer C. Ensworth M.D.  
Crockysville Ind.

Accident or Suicide?

No

Bunce at Blaxkome

Mw. 3<sup>rd</sup>

N. C. Brooks

Name  
in  
Full

Mandel Nachorovitch  
Unknown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	White Marsh	Town	Balto co	County	MARYLAND		
Date of death	1909 Nov	Month	20	Day	Years	Months	
Sex	Male	Color or Race	White	Age about 60	Days	-	
Occupation	- Unknown					Birth-place	Russia
Married, Single or Widowed	Widowed	Name of Wife or Husband	Where Residing if not at place of death			-	
Father's Name	- Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Walter Proctor					How related to deceased	none

CAUSES OF DEATH

166

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Slain by Train

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas Francis Corcoran  
Fullerton and

Accident or Suicide?

accident

Entertainment  
St. Peters Court  
Belair Road

New Grammar  
School

Name  
in  
Full

Blanche E. Metre

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at Bladensburg Endowood Town Balto Co MARYLAND  
Date Month Day Years Months Days  
of death 1909 Nov 25 Age 28 8 -  
Sex Female Color or white Birth-place Balto.  
Occupation House woman Where Residing if not  
at place of death 510 N. Luzerne St  
Married, Single Name of Wife or Husband Father's Birthplace  
or Widowed Single Mrs. J. Metre unknown  
Father's Name unknown  
Mother's Maiden Name unknown Mother's Birthplace  
Name of person giving Information How related  
Information to deceased  
Primary Causes of Death  
Pulmonary T.B. 27  
Asthenia How long  
How long 5 yrs.  
Immediate 1 mo.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Alexis W. Foster, M.D.  
Towson, Md.

Accident or Suicide

Burial at Baltimore cemetery  
Nov 27th 1909

Undertaker Wm Cook  
582 E. North ave  
city

Name  
in  
Full

Patrick A. Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Halloran P.O.</u>		Town	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>November</u>	Day <u>Wed. 17.</u>	Years <u>39.</u>	Months <u>3.</u>	Days <u>2.</u>	
Sex <u>Male</u>	Color or Race <u>white</u>				Birth-place <u>Baltimore Md.</u>	
Occupation <u>Dairymen</u>			Where Residing if not at place of death <u>America, Md.</u>			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Edward Murray</u>			Father's Birthplace <u>Iceland</u>			
Mother's Maiden Name <u>Hannahah. Fitzgerald</u>			Mother's Birthplace <u>Iceland</u>			
Name of person giving Information <u>William Murray</u>			How related to deceased <u>Son</u>			

CAUSES OF DEATH

18

How long

5 days

How long

10 Hrs.

Primary

Erysipelas

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

John T. Murray  
1019 Edanau Lane

Accident or Suicide?

Crowley Bros  
Undertakers  
New Bedford

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



(Avens) Lannie, M.  
Town Eatonville County Balt.

CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death 190

Month

Day

Years

Months

Days

9 Nov

27

33

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland.

Occupation

None

Where Residing if not  
at place of death



Married, Single  
or Widowed

Single

Name of Wife or  
Husband



Father's  
Name

William H. Avens

Father's  
Birthplace

Md

Mother's  
Maiden Name

unk

Mother's  
Birthplace

unk

Name of person giving  
Information



How related  
to deceased



CAUSES OF DEATH

Primary

Idiocy

(120)

How long

Lv.

Immediate

Chemical Intestinal Reperitis

How long

2 mos -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

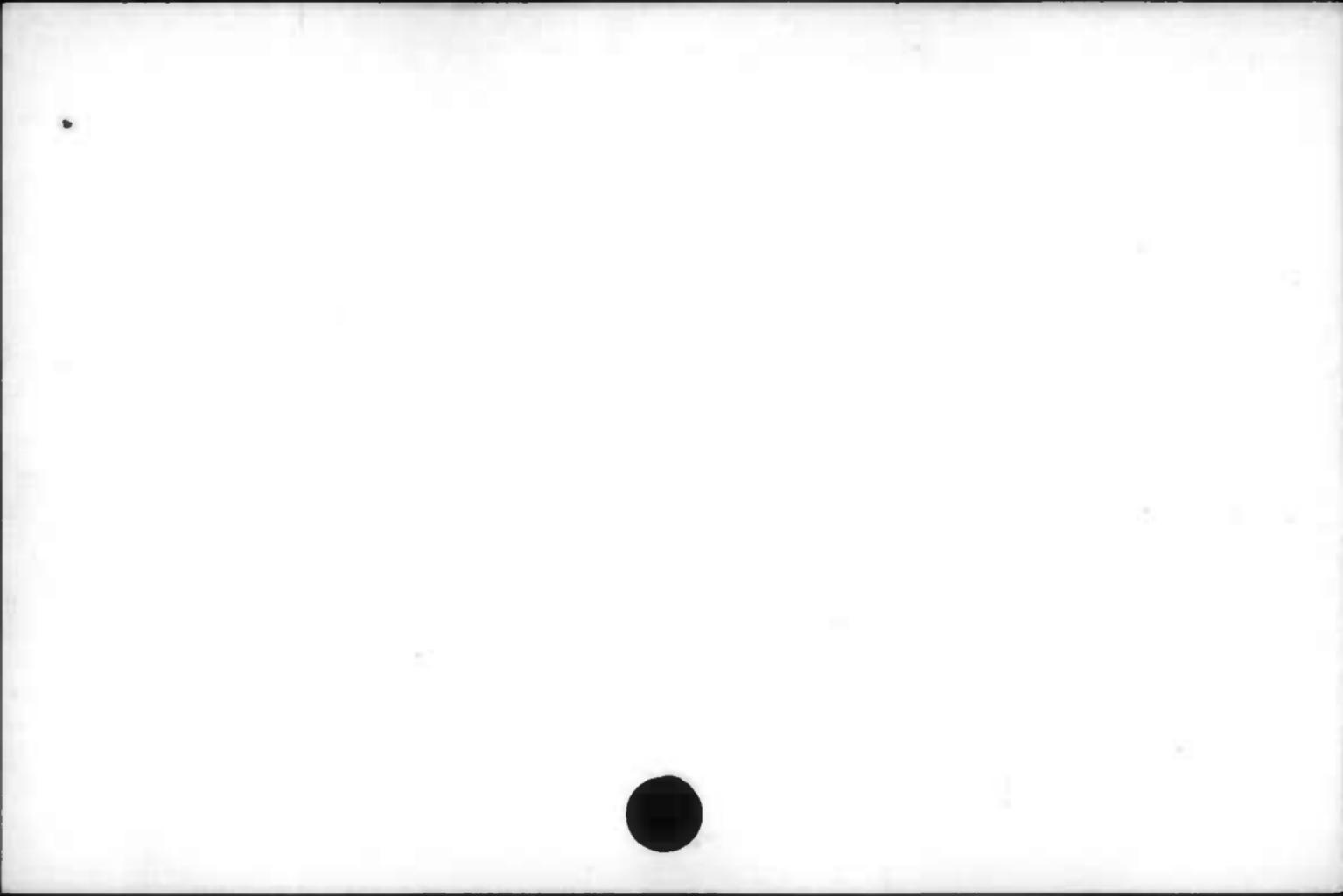
Signature of  
Physician

Address

H. Grey Baker  
Eatonville, Md

Accident or Suicide

No.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Katie Packham

CERTIFICATE OF DEATH

Town	Highlandstown			County	Baltimore	
Died at	3321 E. Balt. St.	Month	Nov.	Years	4	Days
Date of death	1909	Day	14	Age	49	
Sex	Female	Color or Race	white	Birth-place	New Jersey	
Occupation	Housewife	Where Residing if not at place of death			3321 E. Balt. St.	
Married, Single or Widowed	Married	Name of Husband	Geo. K. Packham			
Father's Name	Frances L. Gras			Father's Birthplace	Frances	
Mother's Maiden Name	Mary Dosek			Mother's Birthplace	Baltimore Md	
Name of person giving Information	Geo. K. Packham			How related to deceased	Husband	

CAUSES OF DEATH

42

How long

Several months

Primary

Cancer of Womb

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. W. G. Neitham Dr. et.  
1327 W Fayette St.

Accident or Suicide?

E. Madison Mitchell  
1201 N. Fayette St.  
undertaker  
for burial at  
Druid Ridge Cemetery  
Nov. 17-1909

Name  
in  
Full

Elsie May Parish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Dickneysville</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Nov</u>	Day <u>22</u>	Years <u>-</u>	Months <u>10</u>	Days <u>29</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Co Md</u>			
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>				
<del>Married Single</del> <del>or Widowed</del>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Wm H. Parish</u>	Father's Birthplace <u>Baltimore Md</u>				
Mother's Maiden Name <u>Myrtle S. Bryant</u>	Mother's Birthplace <u>-</u>				
Name of person giving information <u>Wm H. Parish</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

(8)

Primary Whooping Cough & Bronchitis pneumonia How long 6 weeks

Immediate Convulsions How long immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. C. Smith  
Westover Park

Accident or Suicide? -

Lorraine Cemetery  
Jos Cook

Name  
in  
Full

Mary. Pasko

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town  
Highlandtown

County  
Balto. Co.

MARYLAND

Date  
of death 190

Month  
9

Day  
11

Years  
35

Age  
33

Months

Days

Sex  
Female

Color or  
Race  
White

Birth-  
place  
Germany

Occupation  
Housewife

Where Residing if not  
at place of death

4310 Eastern Ave

Married, Single  
or Widowed  
Married

Name of Wife or  
Husband  
Michael Pasko

Father's  
Birthplace  
Germany

Father's  
Name  
Don't Know

Mother's  
Birthplace  
Germany

Mother's  
Maiden Name  
"

How related  
to deceased  
Husband.

Name of person giving  
Information  
Michael Pasko

20

How long  
3 mos.

How long

Primary

CAUSES OF DEATH

Septicemia (non-puerperal)

Immadiets

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

C. R. Kingsley  
Johns Hopkins Hospital  
Baltimore, Md.

Accident or Suicide

Silly Mr Fuhr

403 S. Wolfe St.

Sacred Heart cemetery  
Nov. 27<sup>th</sup>.

Name  
in  
Full

Lydia Pearl Peacock.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	white	Age	3	5-	10-
Occupation	Where Residing if not at place of death			Cockeysville Ind.		
Married, Single or Widowed	Name of Wife or Husband	None				
Father's Name	None			Father's Birthplace	Ind.	
Mother's Maiden Name	Annie Naylor			Mother's Birthplace	Md.	
Name of person giving information	Annie. Peacock.			How related to deceased	Mother.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Catarhal Laryngitis		How long	10 days -
Immediate	Pneumonia		How long	12 hours -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Milner C. Ensor M.D.	
		Address	Cockeysville Ind.	
Accident or Suicide?	No			

Interview at Mt  
Zion Monday 22<sup>nd</sup>

W. C. Brooks

Name  
in  
Full

Emily Potter

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	2
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Wm. Potter	Father's Birthplace	Baltimore Co. Md
Mother's Maiden Name	Iabel Dunham	Mother's Birthplace	Petoskey Michigan
Name of person giving information	Wm. Potter	How related to deceased	Father

CAUSES OF DEATH

93

✓

PHYSICIAN  
OR CORONER

Primary Pneumonia

How long 2 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. George G. E. Vogler

Address

Hamilton ave & Hanff of Road  
Hamilton. Baltimore Co. Md

Accident or Suicide?

Taylor Chapd.

Name  
in  
Full

Still born of John Edmund G. Prince

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town

County

MARYLAND

Date Month

Day

Years

Months

Days

of death 1909 Nov.

8-

Age

Sex Male

Color or  
Race

white

Birth-  
place

Hampton Estate

Occupation

None

Where Residing if not  
at place of death

Hampton Estate

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None.

Father's  
Birthplace

Baltimore Co.

Father's  
Name Edmund G. Prince

Mother's  
Birthplace

Baltimore Co.

Mother's  
Maiden Name Martha L. Syone

How related  
to deceased

Father

Name of person giving  
Information Edmund G. Prince

③

How long

Primary

Still Born

—

Immediate

Still Born

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. Poggenpohl M.D.  
Lowers  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

John Burns Sons  
Towson  
Jubilee  
St John's Cemetery  
Waverly

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Quigley  
Town  
Died at Ballito, Co. of Antrim

Date of death 1909 Month 10 Day 2

Sex Male Color or Race White

Occupation Retired Farmer

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Not Known

Mother's Maiden Name Not Known

Name of person giving Information John Chilcoat

County  
Ballito.

Years  
Age 70

Months  
—

Days  
—

CERTIFICATE OF DEATH

MARYLAND

Where Residing if not at place of death

Not Known

Ballito, Co. of Antrim

Where Residing if not at place of death

Not Known

Where Residing if not at place of death

Not Known

Where Residing if not at place of death

Not Known

Where Residing if not at place of death

Not Known

Primary Cause of Death

Cerebral Hemorrhage

Immediate Cause of Death

Coma

Are the name, age, sex, color, date and place correctly given above?

Yes.

No.

Signature of Physician

Address

Wilmer C. Ewart M.D.

Cockeysville

Md.

64

How long

1 week.

How long

1 day -

How long

1 week.

How long

1 day.

How long

1 week.

How long

John Burns Sons  
Torsvæ.

Disinterred from

Balt. Co. Arms House  
Is.

National Cemetery  
Soudan Park

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		John L. Redel		Town		County		MARYLAND		
Died at	Parkville	Month	Nov.	Day	13	Years	Balto.	Months	3	Days
Date of death	1909	Month	Nov.	Day	13	Age	3	Months	3	Days
Sex	Male	Color or Race	White	Birth- place	Parkville Md.	Where Residing if not at place of death	Parkville Md.	Parkville Md.	Parkville Md.	Parkville Md.
Occupation										
Married, Single or Widowed		Name of Wife or Husband		Father's Name	George Redel	Father's Birthplace	Ind.			
Father's Name	George Redel	Mother's Maiden Name	Sadie Miller	Mother's Birthplace	Ind.		Ind.			
Mother's Maiden Name	Sadie Miller	Name of person giving Information	George Redel	How related to deceased	Father					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Cerebro-Spinal Meningitis  
Convulsions

Immediate

61

How long

About a week

How long

Several hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Lingard Whitford,  
Fullerton, Md.

Accident or Suicide

St Joseph's  
Cemetery

Name  
in  
Full

Mellisa Elizabeth Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at St Agnes Hospital Baltimore				County MARYLAND		
Date of death 1909	Month Nov	Day 26	Age 55	Years 55	Months -	Days -
Sex Female	Color or Race white	Birth-place Columbia, Tenn				
Occupation Student of Woman's College,		Where Residing if not at place of death Tallahassee, Fla.				
Married, Single or Widowed Widower	Name of Wife or Husband W.H. Reynolds					
Father's Name Wm H Cochrane	Father's Birthplace Not known.					
Mother's Maiden Name Not known.	Mother's Birthplace Not known					
Name of person giving Information Miss Ruth Reynolds	How related to deceased Daughter.					

CAUSES OF DEATH

25

PHYSICIAN  
OR CORONER

Primary

Pellagra  
Asthenia

How long

4 mos +  
1 week?

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

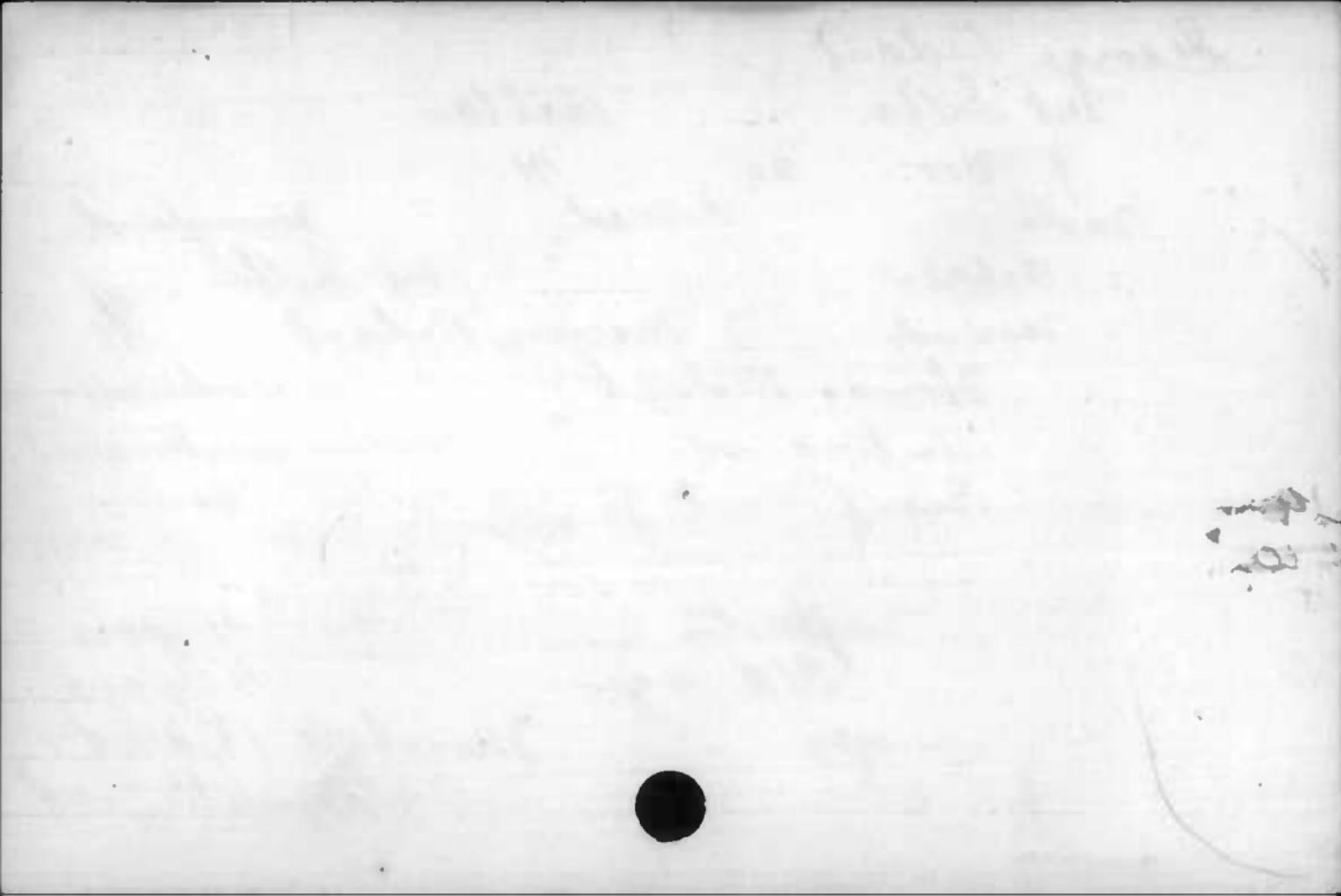
Signature of Physician

Address

Allie Graham MD  
St Agnes Hospital

Accident or Suicide?

No



Name  
in  
Full

George Ridout.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored,	Birth-place	Maryland
Occupation	Where Residing if not at place of death		Mt. Silba		
Married, Single or Widowed	Married	Name of Wife or Husband	Marian Ridout		
Father's Name	Thomas Ridout		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown.		Mother's Birthplace	Unknown	
Name of person giving information	Geo Ridout Jr.		How related to deceased	Son.	

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Nephritis

How long

4 years

Immediate

Old age

How long

4 years

Are the name, age, sex, color, date and place correctly given above?

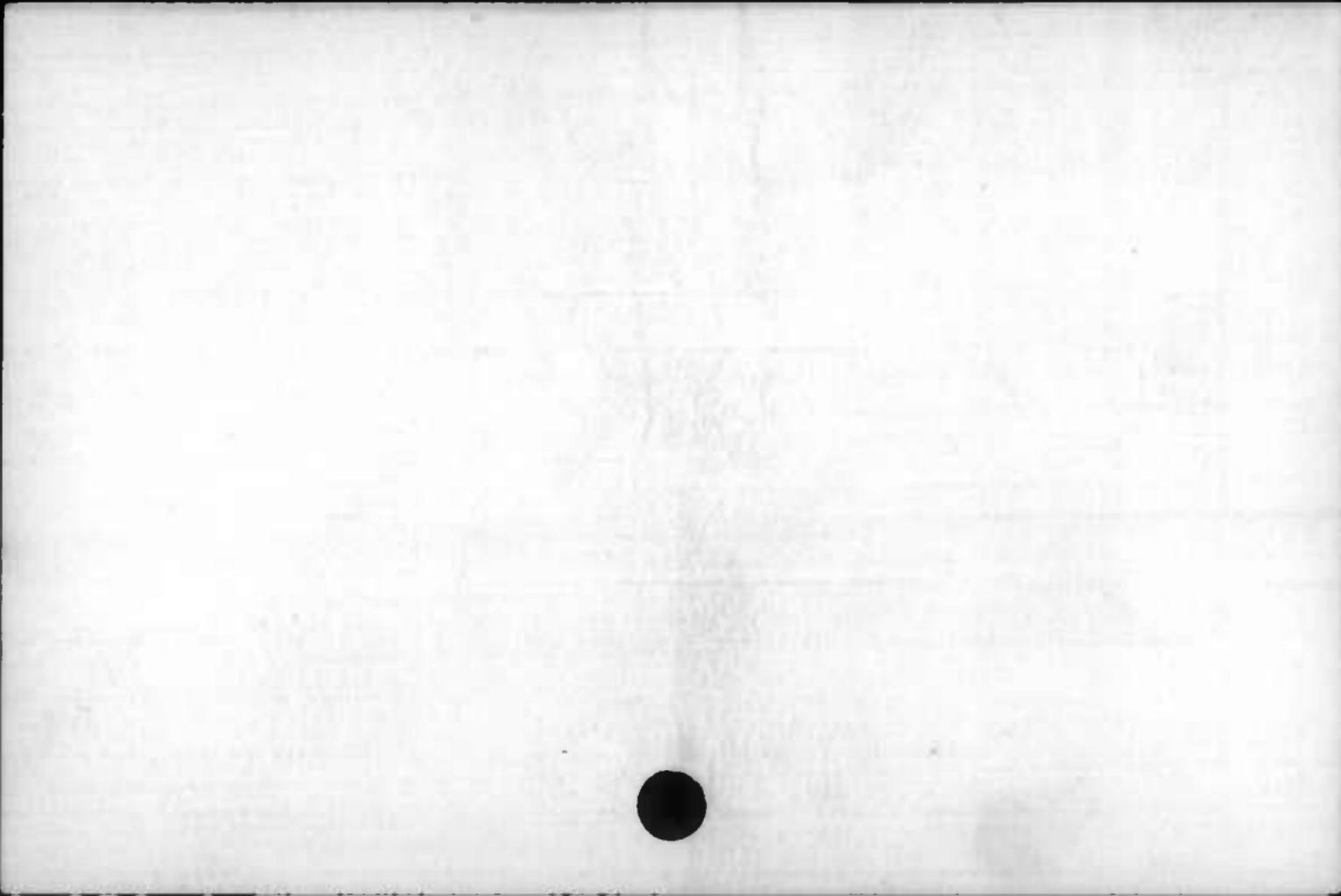
yes

Signature of Physician

Address

Marshall B. West,  
Calonsville Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

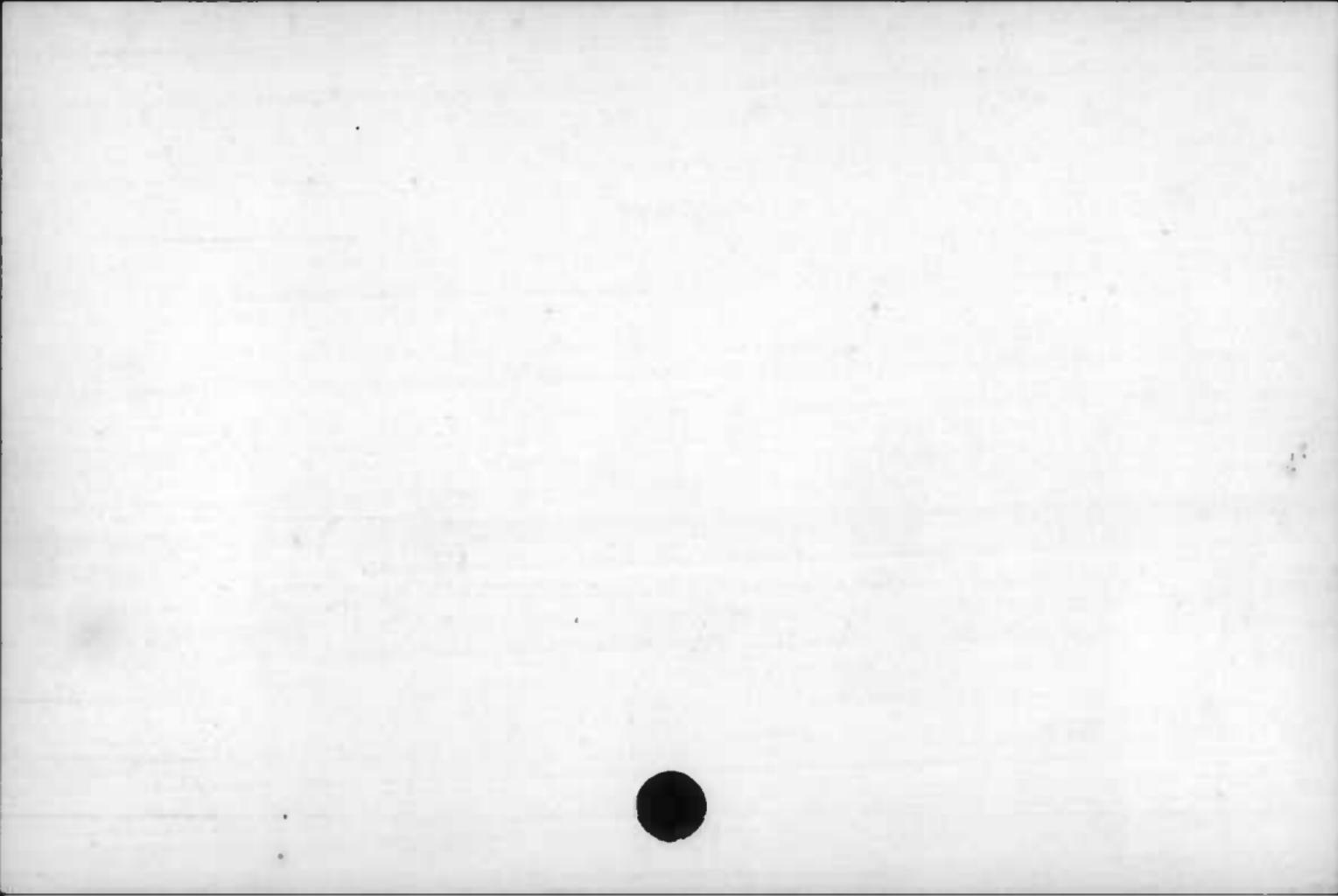
Florence Beatrice Riley

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month Nov	Day 2nd	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Maryland	
Occupation	Dress Maker		Where Residing if not at place of death	Morrell Park, Md		
Married, Single or Widowed	Sister	Name of Wife or Husband				
Father's Name	John Henry Riley		Father's Birthplace	Maryland		
Mother's Maiden Name	Katie Shumy		Mother's Birthplace	Maryland		
Name of person giving information	Foster John Henry Riley		How related to deceased	Foster		

CAUSES OF DEATH

Primary	Syphilitic liver	①	How long	3 weeks
Immediate	Perforation bowel (as)	6 hrs.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Fred M. Conklin	
		Address	St. Luke's Hospital	
Yes No				
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary J Ring				County Baltimore			MARYLAND
Died at	Town Rocking Road	Month Nov	Day 19	Years 81	Montha 10	Days 5	
Date of death	1909	Color or Race	white	Age	Birth- place	Maryland	
Sex	Female	Occupation	None	Where Residing if not at place of death	Rocking Road		
Married, Single Widowad		Name of Wife or Husband	John J Ring "Deceased"	Father's Name	John J Ring	England	
Father's Name	William Lindsey	Mother's Maiden Name	Elizabeth Griffith	Mother's Birthplace	do	England	
Name of person giving Information	J. R. Ring	How related to deceased	Daughter	How long	142	✓	

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary

Old age, and Senile cerebral degeneration Several years

Immediate

Exhaustion of gangrenous foot Eight weeks (?)

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Alfred Mansall, M.D.  
921 Cathedral St  
Baltimore Maryland.

Accident or Suicide

Stewart & Mowen Co  
Funeral Directors  
215 Park Cir  
for interment in  
London Park Cemetery  
November 21<sup>st</sup> /09.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Accident or Suicide

John Ritter

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Month	Day	
Sax	Color or Race	Age	not Known			
Occupation	Where Residing if not at place of death			Germany		
Married, Single or Widowed	Name of Wife or Husband			Columbus, Ohio		
Father's Name				Father's Birthplace	not Known	
Mother's Maiden Name	"	"	Mother's Birthplace			" "
Name of person giving Information	Reeds Mt. Hope Rehoboth			How related to deceased	not at all.	

CAUSES OF DEATH

Primary

Delusional Mania

Immediate

Ex Lef. Hemiplegia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank J. Flannery  
Mt. Hope Rehoboth  
Mt. Hope Md.

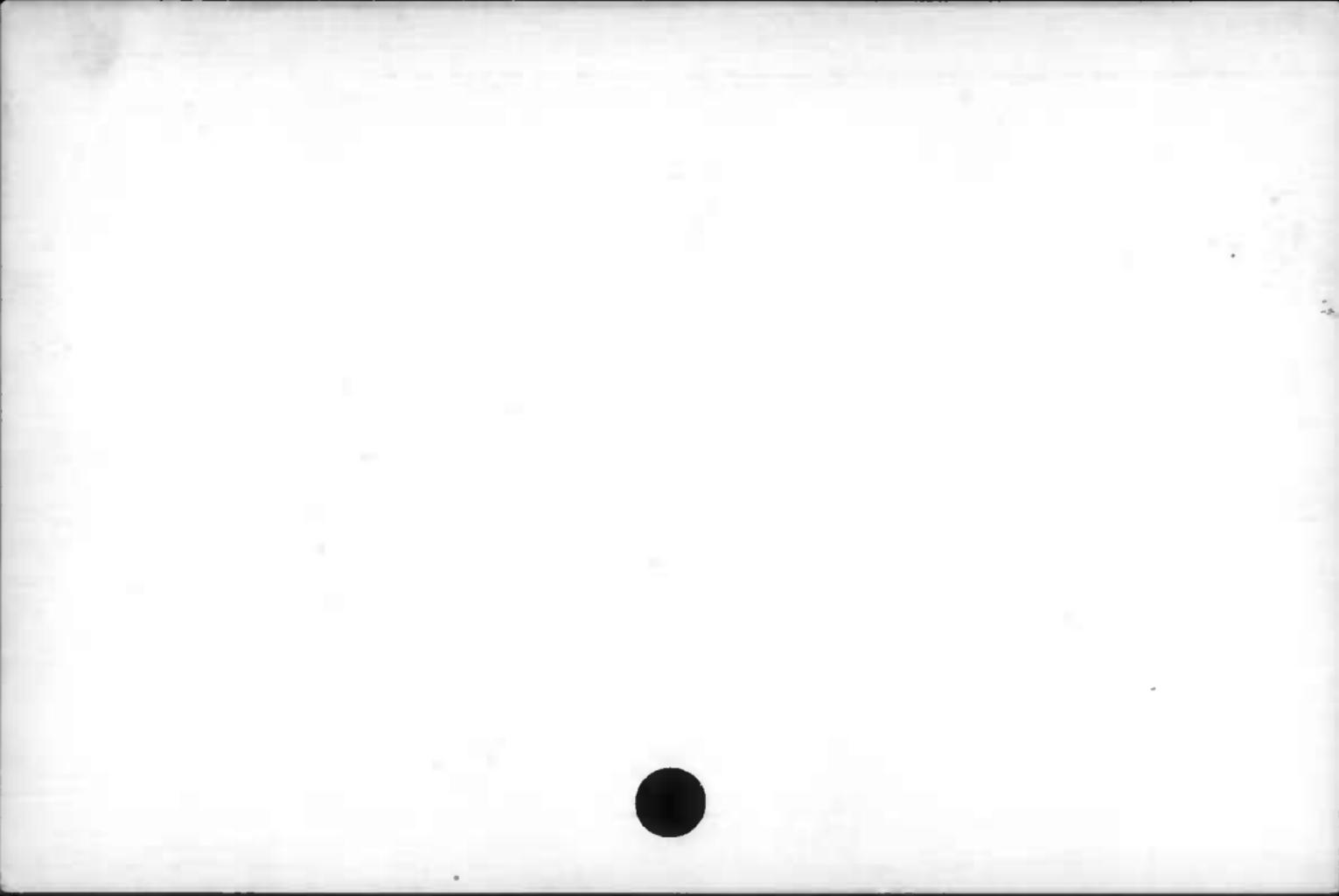
66

How long

over 7 yrs

How long

5 days



Name  
in  
Full

Benjamin Franklin Rossier Rosier

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1909	Month Nov	Day 16	Years Age 35	8 Months	16 Days	
Sex Male	Color or Race White			Birth-place Maryland		
Occupation Carpenter	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Ben Almy				Father's Birthplace Maryland		
Mother's Maiden Name Sarah C. Rossier				Mother's Birthplace Maryland		
Name of person giving information Sarah L. Rossier				How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

How long

2 yrs

How long

Immediate

" " "

Signature of Physician

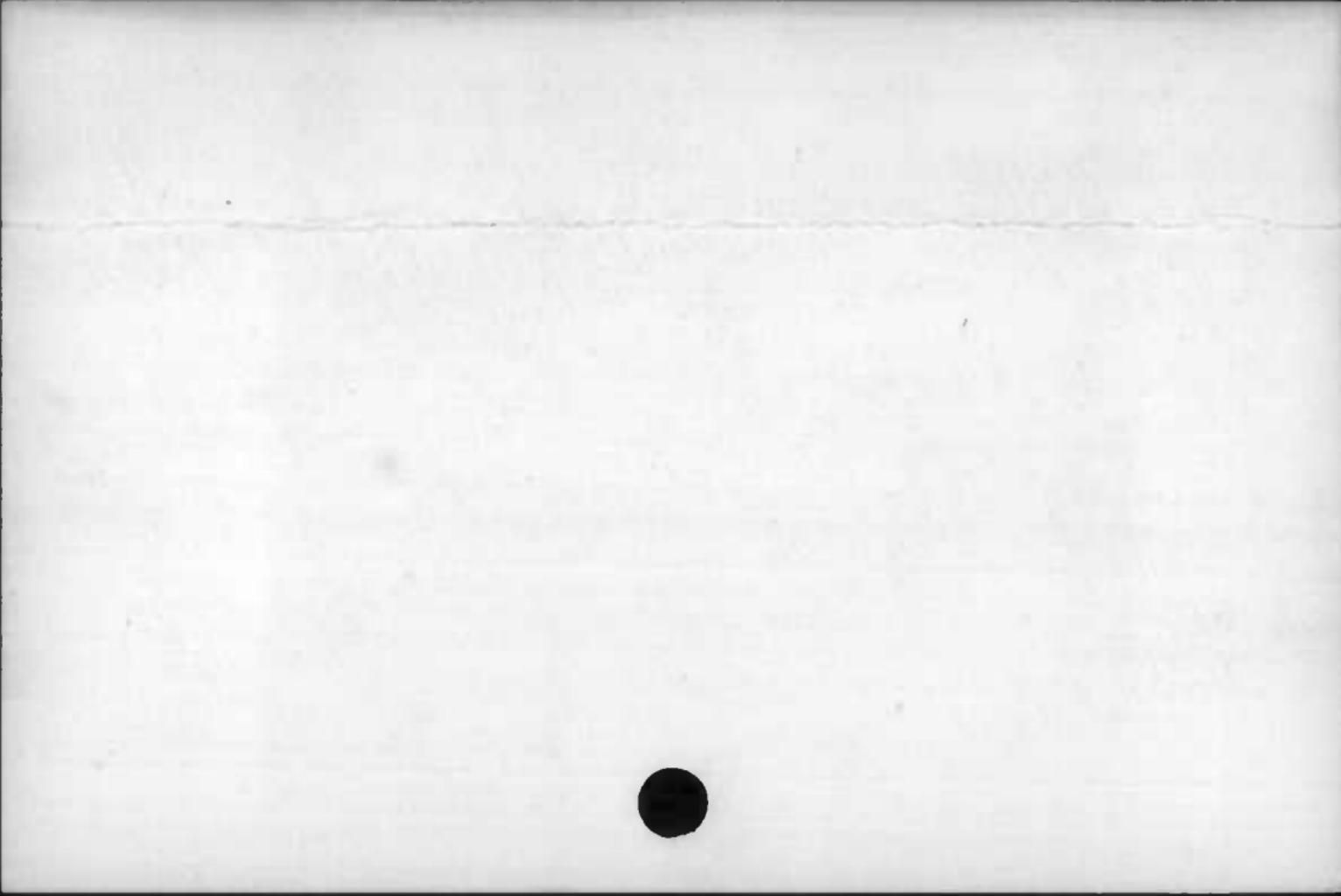
Address

Are the name, age, sex, color, date and place correctly given above?

yes

R. B. Morris  
Parkton  
Md.

Accident or Suicide?



Name  
in  
Full

Roth

CERTIFICATE OF DEATH

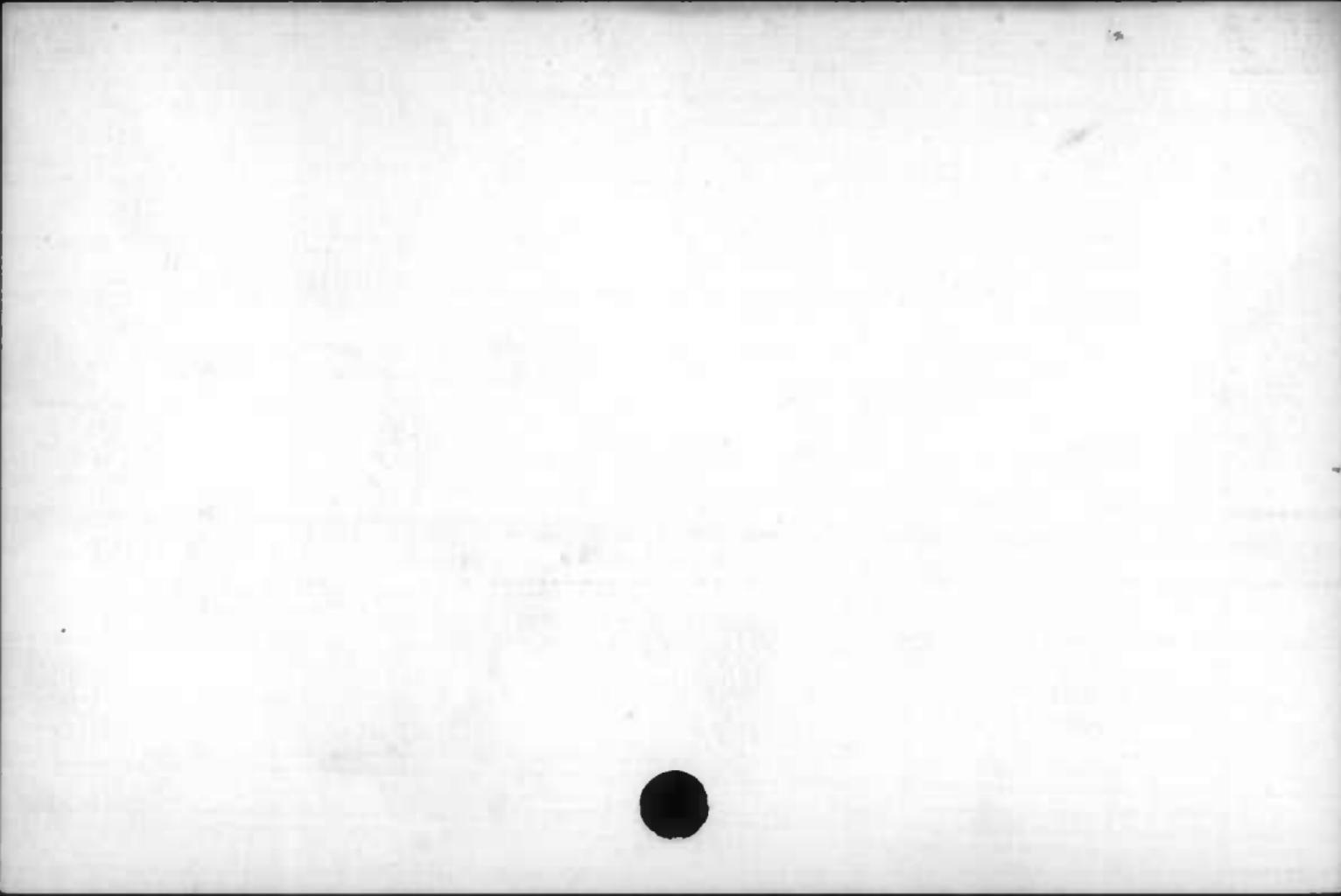
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Lauraville	Baltimore					
Date of death	Month	Day	Years	Months	Days	
1909	Nov	16	none	none	none	2
Sex	Male	Color or Race	white	Birth-place	Lauraville	
Occupation	Where Residing if not at place of death					at place of death
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	William Henry Roth		Father's Birthplace	Baltimore		
Mother's Maiden Name	Minnie Volden		Mother's Birthplace	Washington D.C.		
Name of person giving Information	William Henry Roth		How related to deceased	Father		

CAUSES OF DEATH

③

Primary	Still Born	How long	—
Immediate	Still Born	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	George L. Long M.D.
		Address	Hamilton Md
Accident or Suicide?	no		



Name  
In  
Full

Mrs. Edna Russell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Died at	St. Agnes' Hospital	Baltimore			
Date of death	Month	Years	Months	Days	
1909	Nov.	24			
Sex	Female	Color or Race	Birth-place		
Occupation	Houswife	Where Residing if not at place of death	524-Frumont Ave.		
Married, Single or Widowed	Married	Name of Wife or Husband	J. T. Russell		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	"	Mother's Birthplace	"		
Name of person giving information	Hospital Record	How related to deceased	—		

CAUSES OF DEATH

Primary

Acute Sup. appendicitis (op.)

118

How long

2 days

Immediate

Sept. caemia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes  
no

Fred J. Cronk  
St. Agnes Hospital

Accident or Suicide?



Name  
in  
Full

Mrs. Anna B. Ryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	1630 - John St R. S. Ryan (Deceased)			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	Hospital record.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cerebrovascular disease - Choleoptilis

Immediate Hemorrhage into bowel. fol. operat.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

117

How long

3 mos +

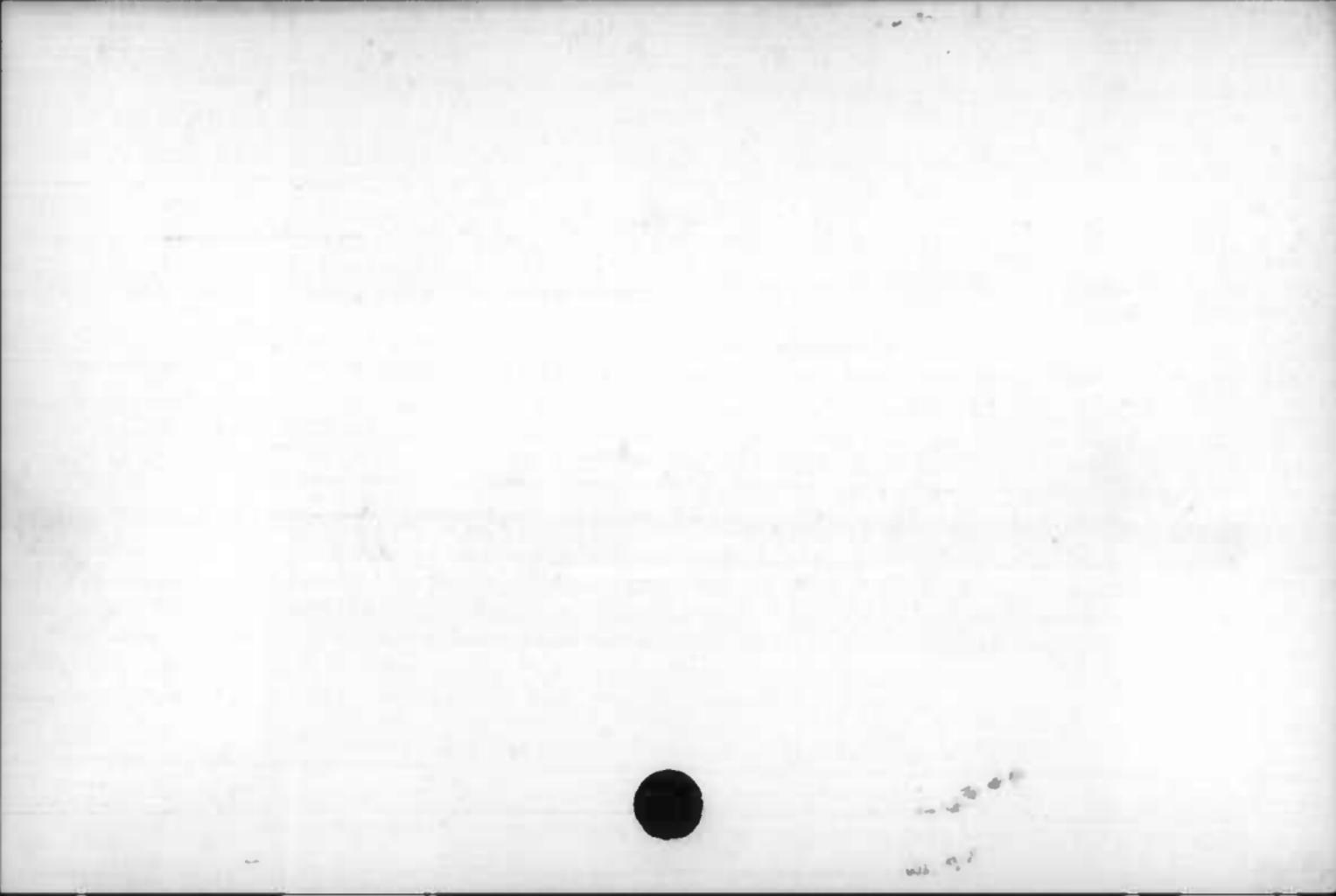
How long

1 day

Fred G. Crook.  
St. Agnes Hospital

Accident or Suicide?

Yes  
no



Name  
in  
Full

Infant of William & Elizabeth Saeter Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town  
Pikesville

County  
Baltimore

MARYLAND

Died at  
Pikesville

Month  
11

Day  
2

Years  
—

Months  
—

Days  
—

Date  
of death

1909

Age  
—

Sex  
male

Color or  
Race  
white

Birth-  
place  
Pikesville, Md.

Occupation  
—

Where Residing if not  
at place of death  
—

Married, Single  
or Widowed  
Single

Name of Wife or  
Husband  
—

Father's  
Name  
William H. Saeter Jr.

Father's  
Birthplace  
Baltimore, Md.

Mother's  
Maiden Name  
Elizabeth Seaman

Mother's  
Birthplace  
North Carolina

Name of person giving  
Information  
William H. Saeter Jr.

How related  
to deceased  
Father

CAUSES OF DEATH

Primary

Albuminuria in mother

How long

2 months

Immediate

Premature birth at 7 months

How long  
few hours -

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

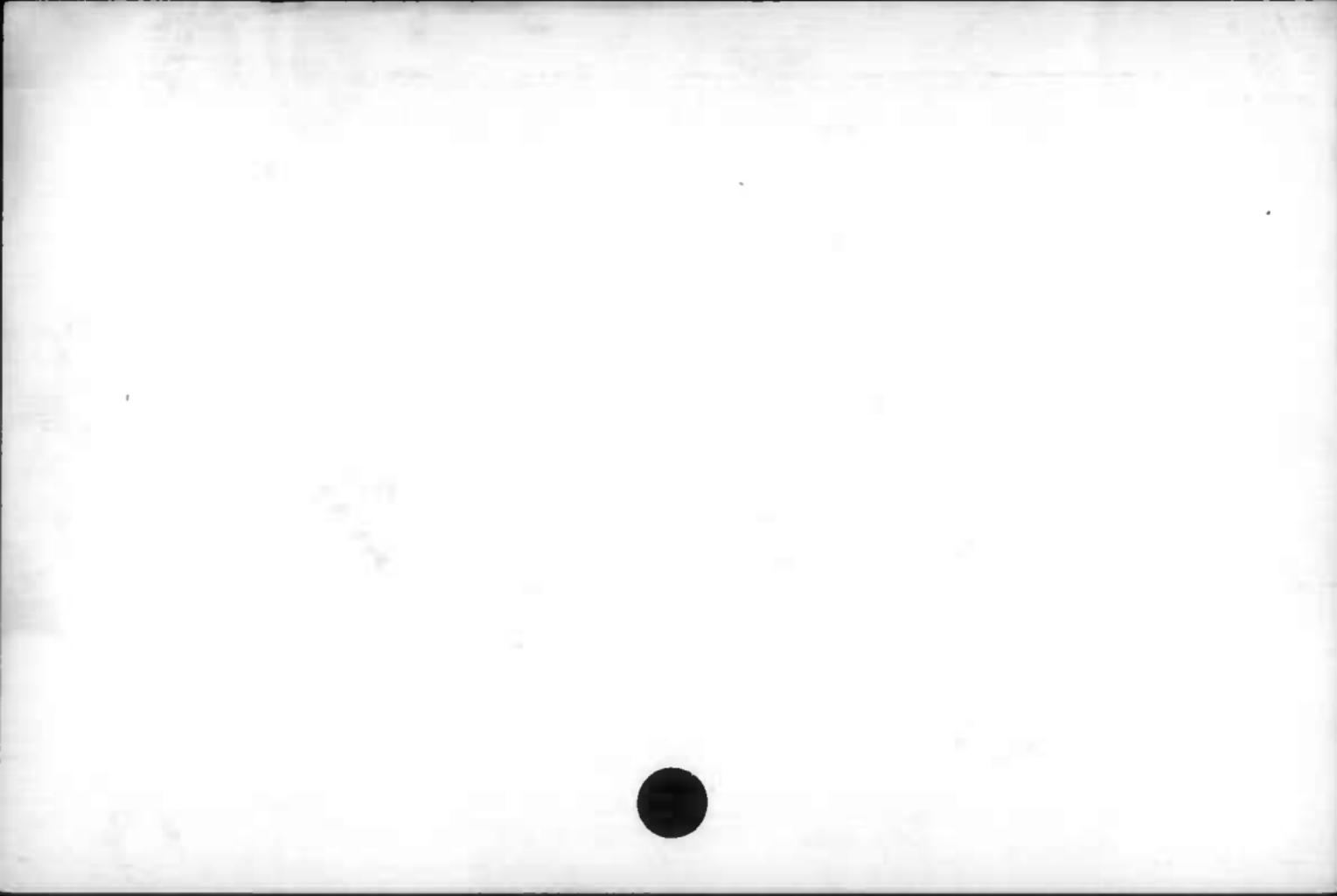
Address

Henry A. Mayson

Pikesville  
Ind.

Accident or Suicide

-us



Name  
in  
Full

Josephle Saunders

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town Died at Raspelburg	County Balt.		MARYLAND	
Date of death 1909	Month 11	Day 24	Years 63	Months Unknown
Sex M.	Color or Race	W.H.	Birth- place	Days Unknown
Occupation Farmer		Where Residing if not at place of death		
Married, Single or Widowed Widower	Name of Wife or Husband Catherine Seitz		Father's Birthplace	Wachapreague Ind.
Father's Name Abidiah Sanders	Mother's Birthplace			Wid.
Mother's Maiden Name Ann Houston (?)	How related to deceased			Son in law
Name of person giving Information Sam'l G. Knopp.				

CAUSES OF DEATH

146



How long

3 months

How long

1 week

PHYSICIAN  
OR CORONER

Primary Mastoiditis	Signature of Physician A. L. Wilkinson
Immediate Acute Sepsis	Address Raspelburg Ind.
Are the name, age, sex, color, date and place correctly given above?	
Accident or Suicide? neither	14

Henry Lutz

Name  
in  
Full

Hilk elmena Sanft

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County			
Phila. road ext.				Baltimore		MARYLAND	
Date of death	1909	Month	11	Day	26	Year	Age
Sex	Females	Color or Race	White	Birth-place	Baltimore	Montha	Daya
Occupation	Housewife		Where Residing if not at place of death	Phila. road ext.			
Married, Single or Widowed	Married.	Name of Wife or Husband	Andrew Sanft				
Father's Name	John Schleich		Father's Birthplace	Germany			
Mother's Maiden Name	don't know		Mother's Birthplace	Germany			
Name of person giving Information	Andrew Sanft.		How related to deceased	Husband			

PHYSICIAN  
ON CORONER

5/1

CAUSES OF DEATH

Primary

Heart trouble from lung

Immediate

(99) ✓

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

How long

Coroner

Sudden M.S.  
3323 Ballardis

Holy Redeemer Cemetery.

Nov 29<sup>th</sup> 1909.

Lilly and Geiler.  
Undertakers.

Name  
in  
Full

Mo J Dancer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Died at	Gardenville	Balts			Months	Days
Date of death	1909	Month Nov	Day 2	Age 49		
Sex	male	Color or Race	white		Birth-place	U. S. A.
Occupation	Laborer	Where Residing if not at place of death				Catawissa
Married, Single or Widowed	Single	Name of Wife or Husband	none		Father's Birthplace	Not known
Father's Name	Geo Dancer				Mother's Birthplace	Not known
Mother's Maiden Name	Frances Hoffpoff					
Name of person giving Information	Mrs Dancer	Daughter	in law	How related to deceased		

CAUSES OF DEATH

159

How long

How long

Primary

Inhalan two pistol rounds  
immobilized by himself during gentle surgery

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm. L. Worcester  
Gardenville  
Md. 14

J. Harmon Schone Cooner

Accident or Suicide

Nov. 3<sup>rd</sup> /09  
J. S. Mudell Gippel & Son  
330 S. Bond st.

Holy Redeemer Con.

Nov. 6<sup>th</sup> /09

Name  
in  
Full

George Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town Towson  
Died at Sheppard Ranch Park Hosp County Baltimore  
Date Month Dey Years Months Dey  
of death 1909 Nov 6 Age 64  
Sex Male Color or Race white  
Occupation Atty or Law Birth-place Va  
Married, Single or Widowed Single Where Residing if not at place of death Baltimore Md  
Name of Wife or Husband                     
Father's Name Savage - Father's Birthplace Va  
Mother's Maiden Name not known Mother's Birthplace So Carolina  
Name of person giving Information EST Brush How related to deceased Physn

CAUSES OF DEATH

Primary

Arterio Sclerosis

64

How long

several years

Immediate

Apothecy (Carbuncle)

How long  
immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

EST Brush  
Sheppard Ranch Park  
Hosp Towson

Accident or Suicide

Chas E Franck  
802 Madison ave  
City 6

For burial at Loudon Park

Name  
in  
Full

Jacob G. Shearer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at Grove Run Baltimore  
Date Month Day Years Months Dey  
of death 1909 11 30 Age 28 4 28  
Sex Male Color or Race white  
Occupation Laborer Where Residing if not  
at place of death Grove Run  
Married, Single or Widowed Name of Wife or Husband Jennie G. Shearer  
Father's Name Daniel F. Shearer Maryland  
Mother's Maiden Name Amelia Folk Maryland  
Name of person giving information Daniel F. Shearer Father

Primary

CAUSES OF DEATH

104

Immediate

Chronic Catarrh of Stomach two years.  
Dropsy & Heart failure one month.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E. R. Albangular, M.D.

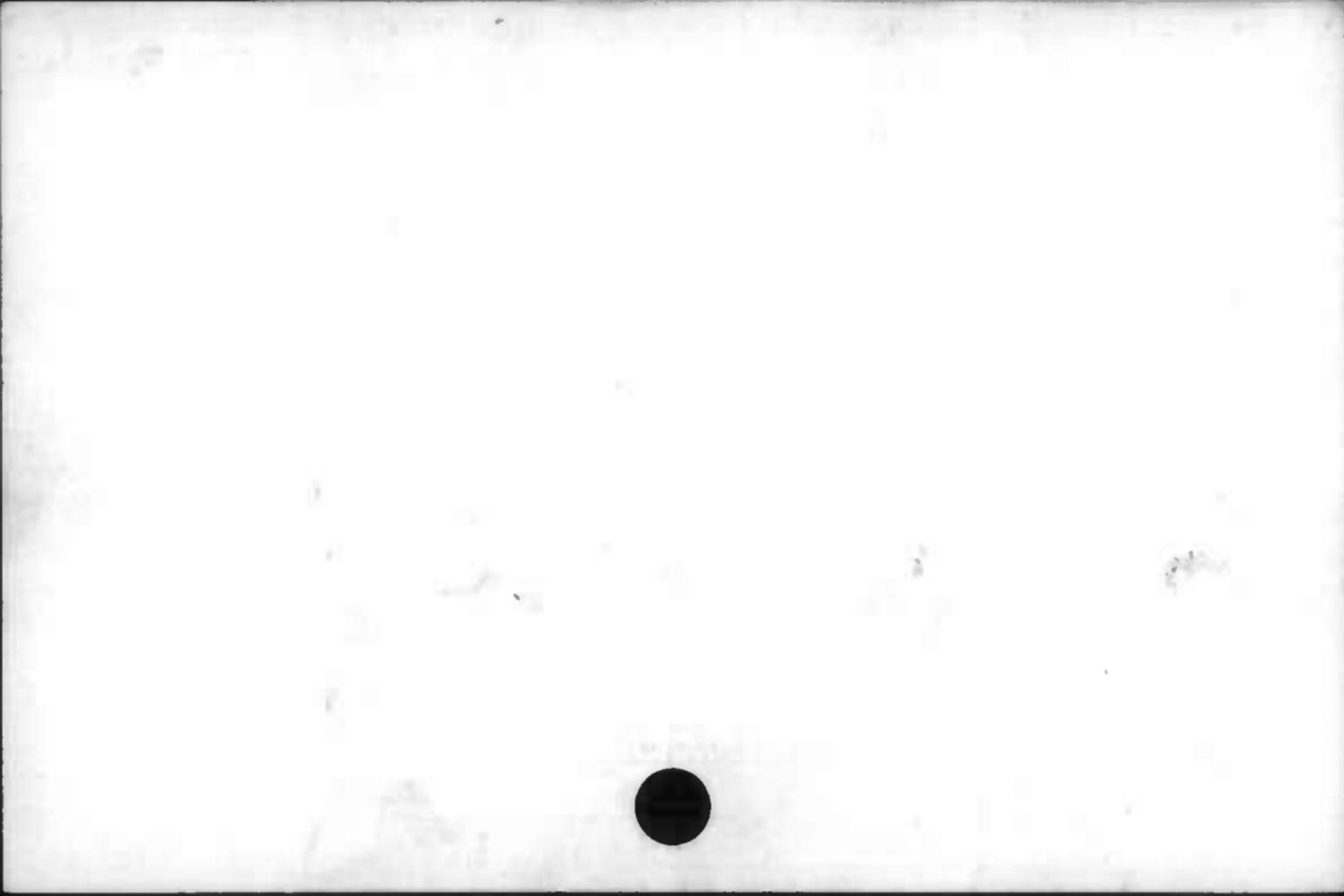
Glen Rock Pa  
R. D. #1 6

PHYSICIAN  
OR CORONER

Accident or Suicide

No.

MARYLAND



Name  
in  
Full

Thadens Sheppard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Nov.	19	56	3		
Sex	Color or Race	White	Where Residing if not at place of death	Albionton		
Mage				Albionton		
Occupation				Albionton		
Married, Single or Widowed	Name of Wife or Husband	Raite Sheppard	Father's Birthplace	Maryland		
Married				Maryland		
Father's Name	Larken Sheppard	Mother's Birthplace	Maryland			
Mother's Maiden Name	Caroline Selby	How related to deceased	Wife			
Name of person giving Information	Kate Sheppard					

CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary

Strangulated Hernia Nov 18-20 1909

Immediate

Affection

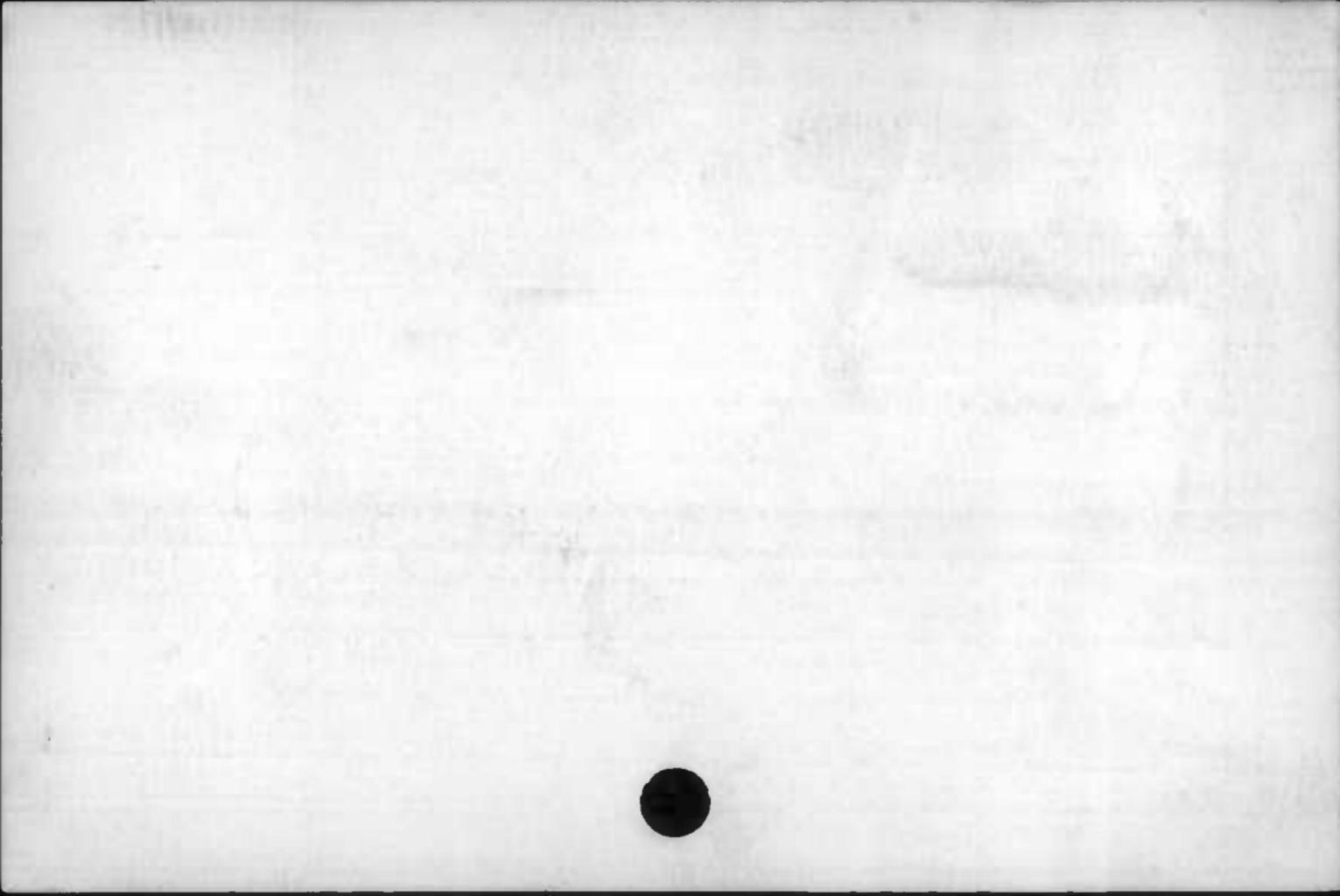
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. J. Sheppard MD  
Albionton

Accident or Suicide?



Name  
in  
Full

Harry Thomas Shriner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Gwynnbrook Town Ballito County MARYLAND  
Month Day Months Days

Date of death 1909 Nov 14<sup>th</sup> Age 5 Months

Sex Boy Color or Recce

White Birth-place Gwynnbrook

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

J. H. Shriner

Father's Birthplace

Penna

Mother's Maiden Name

J. J. Stockdale

Mother's Birthplace

Carroll Co Md

Name of person giving  
Information

Mrs Martin Beck

How related  
to deceased

Nor

CAUSES OF DEATH

93

Primary

Pneumonia

About one  
week

Immediate

Cerebrospinal meningitis

How long  
48 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

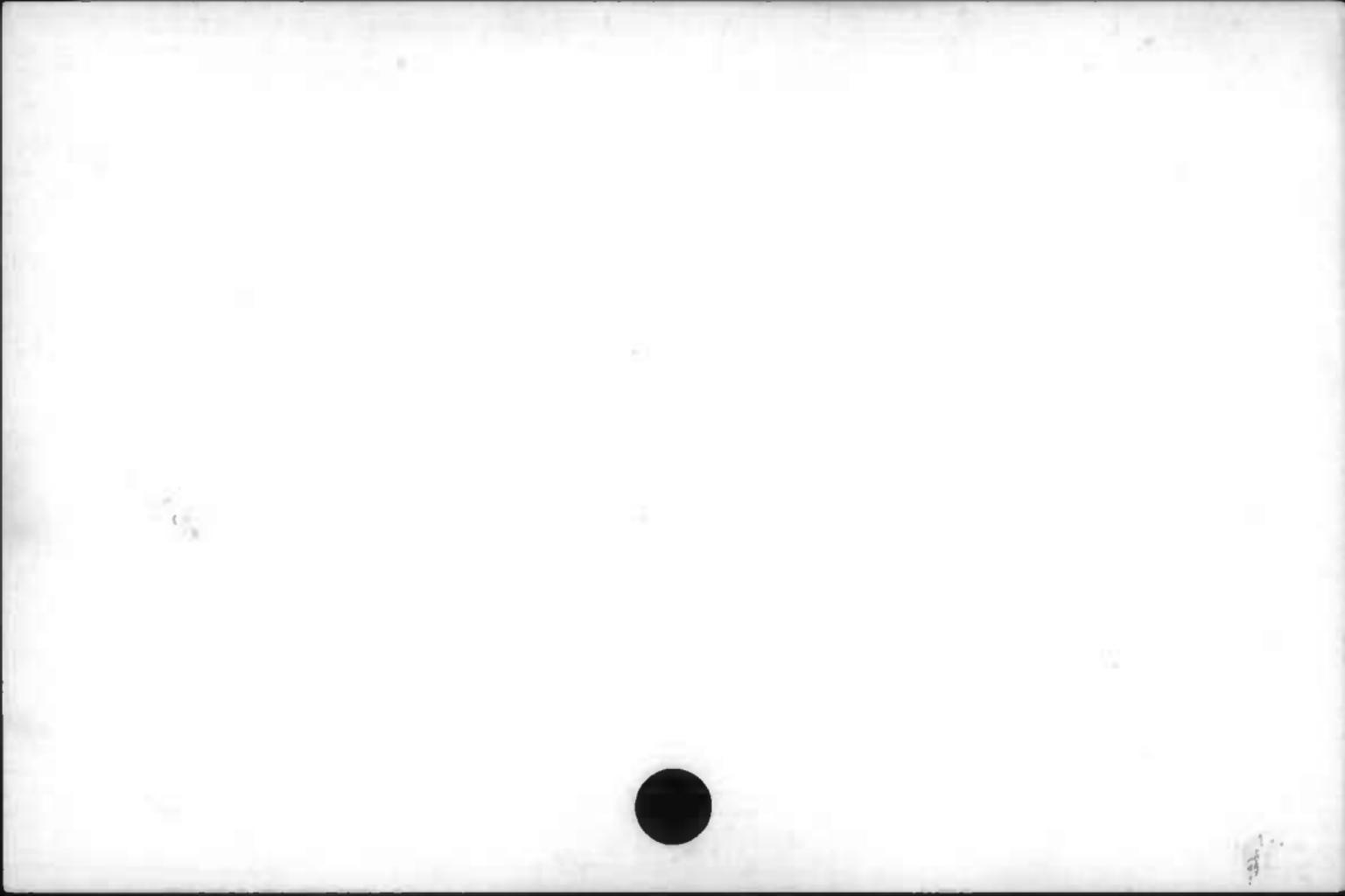
Signature of  
Physician

W.H. Campbell  
Gowings Mills, Md

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John T. Suidall

CERTIFICATE OF DEATH

Died at Texas

Town

Balto.

County

MARYLAND

Date of death 1909

Month

Day

Years

20

Age

70

Months

Days

Unknown

Sex Male

Color or  
Race

White

Birth-  
place

Md.

Occupation

Gardener

Where Residing if not  
at place of death

Balto. Co. Almshouse

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

John T. Suidall

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Elizabeth Richards

Mother's  
Birthplace

Unknown

Name of person giving  
Information

House Register

How related  
to deceased

None.

CAUSES OF DEATH

Primary

Chronic Enteritis - Senility.

How long

1 month.

Immediate

Coma.

How long

2 hours.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

Wilmer G. Owings M.D.

Cockeysville

Ind.

Accident or Suicide?

No

PHYSICIAN  
OR CORONER

F. Lassahn & Sons  
Hiss Cemetery

Name  
in  
Full

Philip M Slicer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Woods marsh

Town

County

Bucks

MARYLAND

Date  
of death

1909

Month

Nov

Day

1

Years

76

Months

1

Days

6

Sex

Male

Color or  
Race

white

Birth-  
place

Key

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Anna Belle Slicer

Father's  
Name

Edward A Slicer

Father's  
Birthplace

Md

Mother's  
Maiden Name

Delia Ann Hale

Mother's  
Birthplace

Md

Name of person giving  
Information

Annie Slicer

How related  
to deceased

daughter

CAUSES OF DEATH

120

Primary

Bright's Disease

How long  
years

Immediate

Uraemic Conv.

How long  
3 days -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Philip H. Slicer

Address

Middle River Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

No



Name  
in  
Full

Grover C Smardon

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1909	Nov	22	Age 17	-	20		
Sex	Male	Color or Race	wh	Birth-place	Md		
Occupation	Labourer		Where Residing if not at place of death	1819 Eagh St. - Balt-Md			
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Grant U Smardon		Father's Birthplace	A A Co, Md			
Mother's Maiden Name	Katie C Grace		Mother's Birthplace	Balt-Co "			
Name of person giving Information	Katie C Smardon		How related to deceased	Mother			

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary Tuberular Meningitis

Handling

8 weeks.

Immediate Asthenia

How long

1 week +

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Allen Graham M.D.  
St Agnes Hospital

Accident or Suicide?

No.

Jos B. Book  
1003 W. Baltic St.  
New Cathedral Cen

Name  
in  
Full

Adella Grace Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Goldey Mills	Baldo Co.			
Date of death	Month	Day	Years	Months	Days
1909	Nov	11	Age 21		17
Sex	Color or Race	Birth-place			
female	coloud	Baldo Co.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Housewife Robert H. Smith			
Father's Name	Lafayette Louis				
Mother's Maiden Name	Rebecca Cox				
Name of person giving Information	Rebecca Louis				
Father's Birthplace	Baldo Co.				
Mother's Birthplace	Balto City				
How related to deceased	Mother				

CAUSES OF DEATH

27

How long

One year

How long

Six months

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Mitral Insufficiency

Are the name, age, sex, color, date  
and place correctly given above?

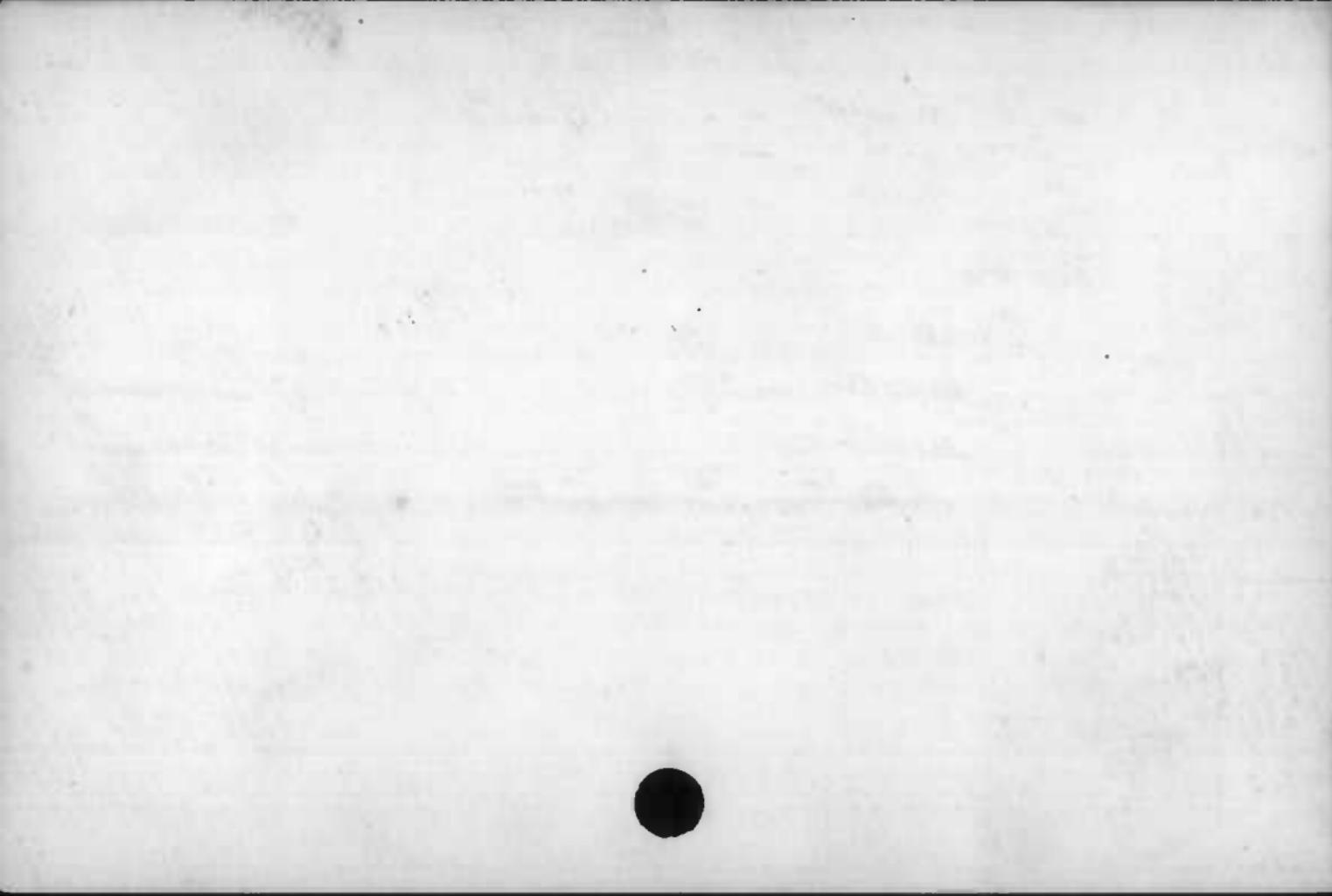
yes

Signature of  
Physician

Address

Lang & Free MD  
Stewartstown Pa

Accident or Suicide?



Name  
in  
Full

Catherine Smith.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Nov	5	Age 79	-	13
Sex	Female.	Color or Race	Wh	Birth-place	Germany
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Louis Smith	Father's Birthplace	Germany
Father's Name	Eustrom			Mother's Birthplace	Germany
Mother's Maiden Name	Mrs Eustrom			How related to deceased	Son.
Name of person giving information	Father C. Smith				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholec - Cystitis

114

✓

How long

3 weeks

Immediate

Hypoflatie Peritonitis

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. C. Smith

Woodlawn

Accident or Suicide?

Mrs. A. Rohde + Son  
730 Penna Av

McLain Cemetery

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John B Smith  
Baltimore  
Died at Town County  
Date Month Day Years Month Day  
of death 1904 Nov 2 Age 57 - -  
Sex Male Color or Birth-  
Race white place German  
Occupation Contractor Where Residing if not  
at place of death Baltimore city  
Married, Single Name of Wife or  
or Widower Husband -  
Father's Name unknown Father's Birthplace German  
Mother's Maiden Name unknown Mother's Birthplace German  
Name of person giving Information Herman Shatz How related  
Information to deceased son  
79

CAUSES OF DEATH

Primary

Immediate

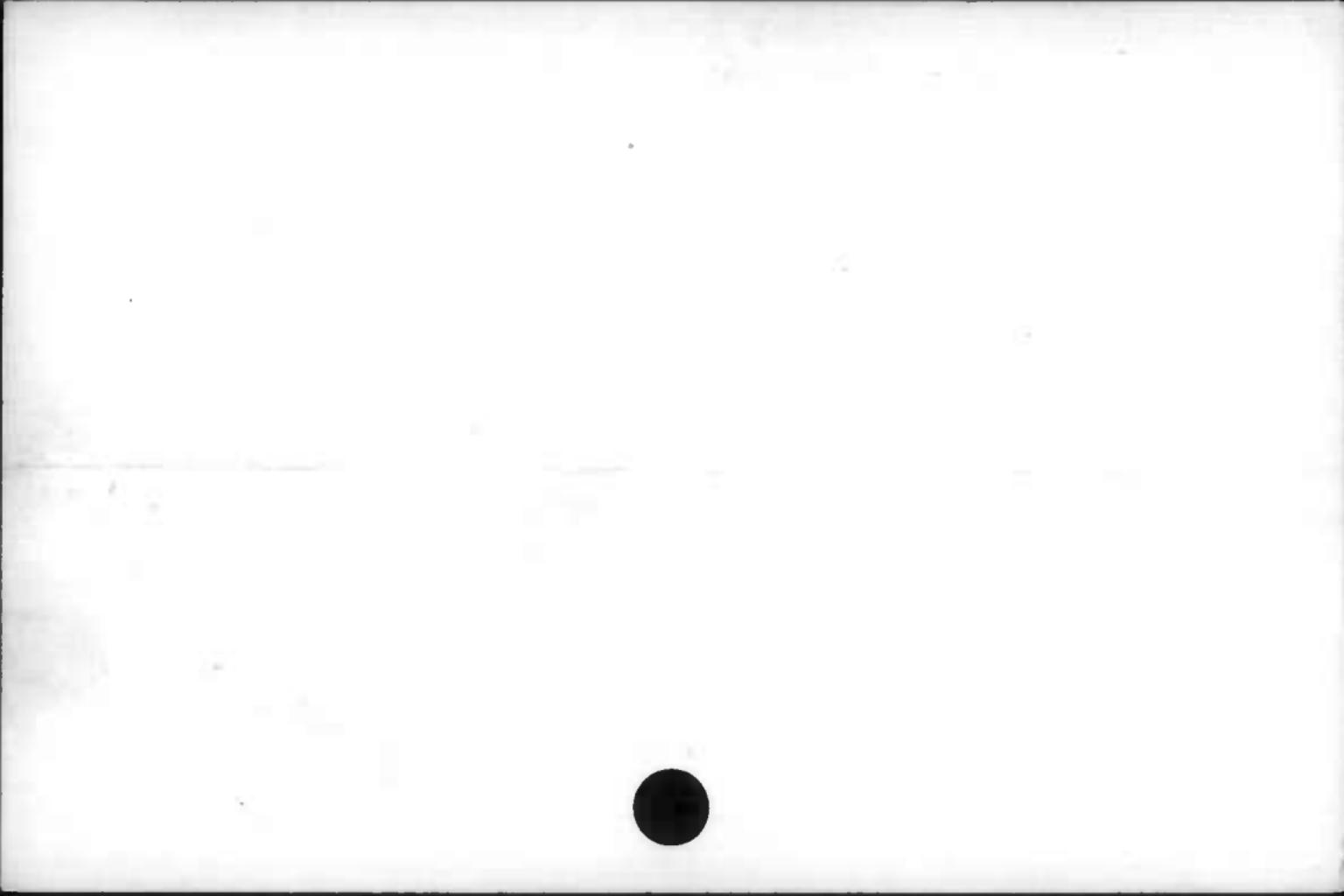
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

Organic heart disease  
Cyanosis  
Crossville, Md.



Name  
in  
Full

## CERTIFICATE OF DEATH

Katherine Smith  
Colgate Creek Balto

MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

Diad at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	None			Where Residing if not at place of death	
Married, Single or Widowed	Single		Name of Wife or Husband	None	
Father's Name	Walter W. Smith			Father's Birthplace	
Mother's Maiden Name	Eugie Bradkay			Mother's Birthplace	
Name of person giving Information	Alice Smith			How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diarasmos

179  
How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Coroner J. S. Sudler  
3325 E Balto St.

Accident or Suicide

Holy Rosary Bern,

J. Henwig Jr.

11/6/09

Name  
in  
Full

Mrs. Noria D. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Tork

County  
Baldo

MARYLAND

Date  
of death

1909 Month  
Nov.

Day  
8

Years  
35

Montha

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Tork

Occupation

Housekeeper

Where Reiding if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Nester Smith

Father's  
Name

George Delworth

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Sally Clayton

Mother's  
Birthplace

Baldo, Co.

Name of person giving  
Information

J. L. Smith

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Aeromia

119

How long

few days

Immediate

Heart-failure

How long

at once

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

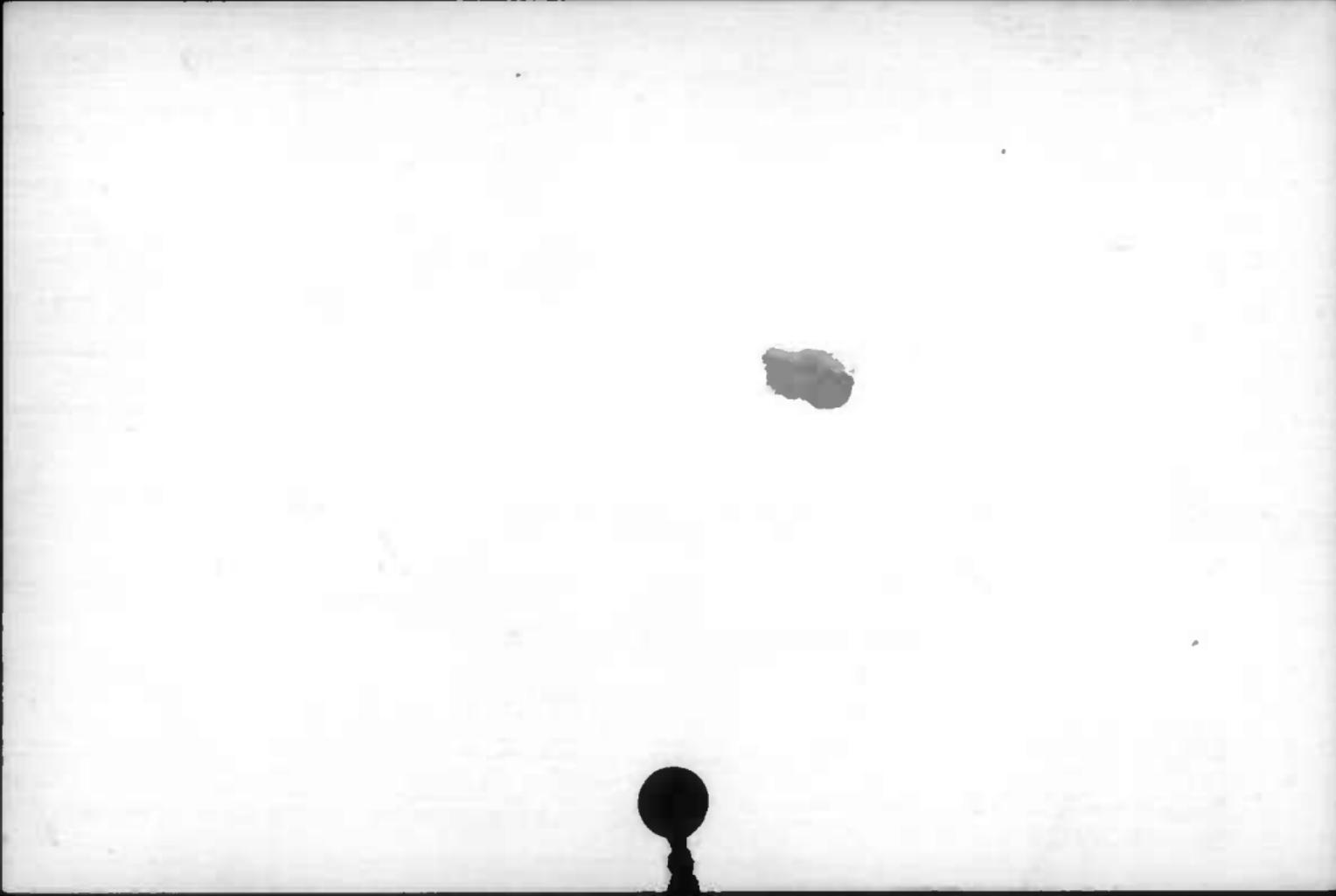
J. F. Gersbach

F.M.C. MD

PHYSICIAN  
OR CORONER

Accident or Suicide

11



Name  
in  
Full

Lawrence Spangler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Banton		County	Baldo	MARYLAND	
Died at	Month	Day	Years	Month	Days	
Date of death 1909	Nov	4	Age 59			
Sex Male	Color or Race White	Birth-place Germantown				
Occupation Baker	Where Residing if not et place of death 803 S First St					
Married, Single or Widowed Widower	Name of Wife or Husband Unknown					
Father's Name Not Known	Father's Birthplace Ger					
Mother's Maiden Name	Mother's Birthplace "					
Name of person giving Information	How related to deceased not					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer Basal Epithelium about y  
Exhaustion due to Organ a body acute

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

39

How long

How long

Henry H. Kennedy  
icepland Road  
Roland C. Betts

Accident or Suicide

Mount Carmel

Nov 6<sup>th</sup>, 1909

P. Nicolau & Son  
1820 Banton Ave

Name  
in  
Full

Steiner, Louis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County				
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	white	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	x				
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

1909 Nov 11 38 X

Male unk unk unk -

Tailor unk unk unk -

Single unk x

unk unk unk -

unk unk -

CAUSES OF DEATH

Primary

Terminal Dementia

Immediate

Peritonitis following Intestinal Obstruction. 3 days -

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

✓

109

How long

10 yrs -

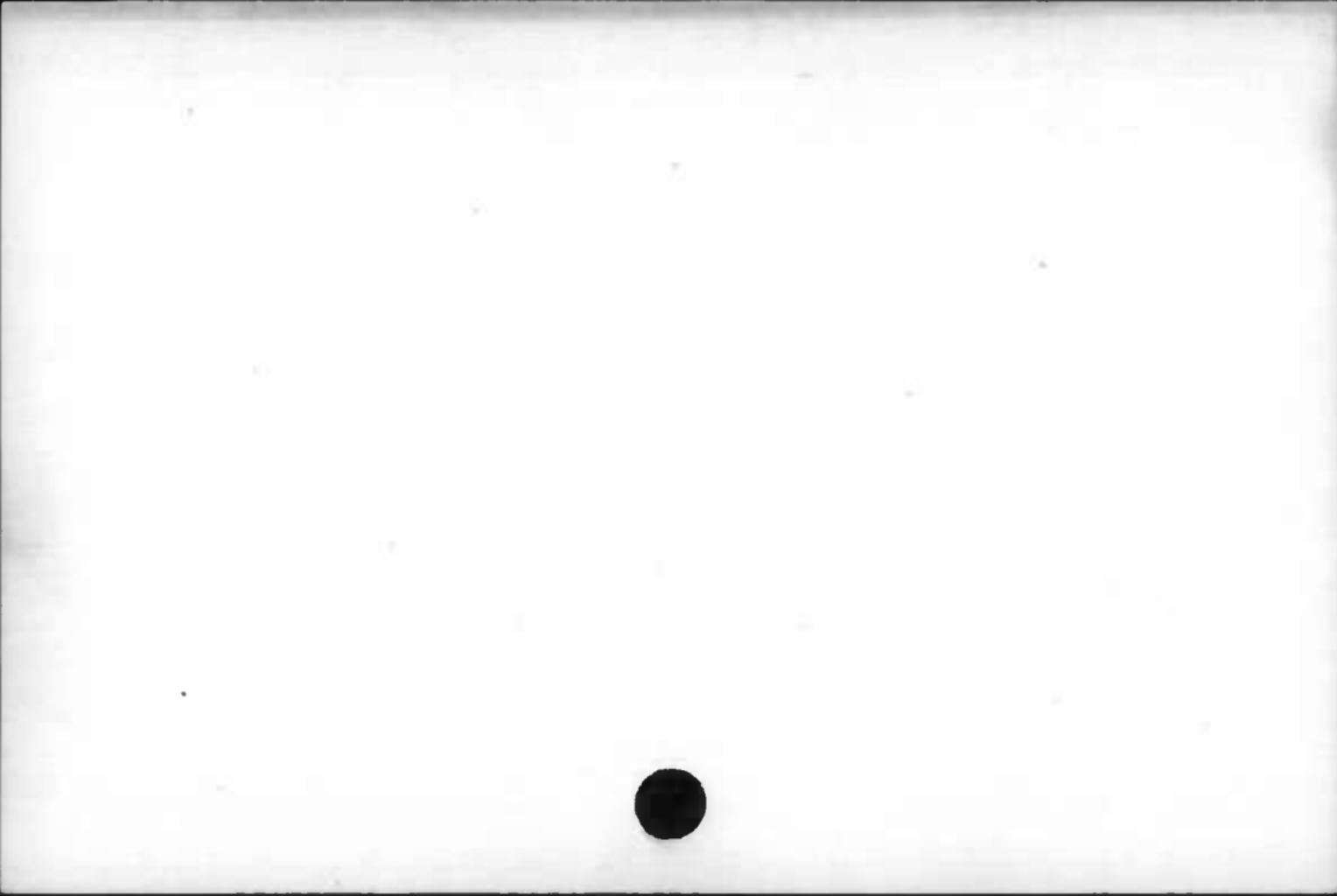
How long

3 days -

Jerry Nade  
Leatonsville, Md.

Accident or Suicide

No.



Name  
in  
Full

Borthina Strickner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Boplar Heights	Barts			MARYLAND	
Date of death 1909	Month Nov.	Day 26	Years —	Montha —	Days 12
Sex Female	Color or Race Colored	Birth-place Md.			
Occupation None	Where Reiding if not at place of death				
Married, Single or Widewed	None	Name of Wife or Hubend	none		
Father's Name	John Strickner			Father's Birthplace	Maleny
Mother's Maiden Name	Borthina Jeffus			Mother's Birthplace	N. Carolina
Name of person giving Information	John Strickner			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Lovousious

(71)

How long

Immediate

1 1/2 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Dr. F. A. Glantz

3241 Easter ave

Accident or Suicide

Helen B Pye Esq  
Asbury Cemetery

Name  
in  
Full

Evelyn T. Swift

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Lansaville</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>Nov.</u>	Day <u>21</u>	Years <u>9</u>	Months <u>7</u>	Days <u>28</u>
Sex	Female	Color or Race <u>White</u>	Birth- place <u>Baltimore</u>		
Occupation	Where Residing if not at place of death <u>Lansaville</u>				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Wm H. Swift</u>				
Mother's Maiden Name	<u>Carrie S. Turner</u>				
Name of person giving Information	<u>Wm H. Swift</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

vegetative Endocarditis

79

How long

✓

six days

Immediate

X

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Dr. Geo. W. Singe

Address

1024 W. Broadway  
Baltimore Md.

Accident or Suicide?

Birkler & Birkler  
1739 E. Eager st

Mt. Olivet Cemty.

Nov. 24, 1909.

Name  
in  
Full

Wm T. Prummel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND
Died at Sparrows pt	Baltimore	
Date of death 1909 Nov. 24	Month Day	Years Months Days
Sex Male	Color or Race White	Birth-place Va
Occupation Michigan	Where Residing if not at place of death Sparrows pt	
Married, Single or Widowed Single	Name of Wife or Husband —	
Father's Name Leo T. Prummel	Father's Birthplace Va	
Mother's Maiden Name Elizabeth Brown	Mother's Birthplace Va	
Name of person giving Information Mrs David B Chamberlain	How related to deceased Sister	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic alcoholism

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Accident or Suicide

(56)

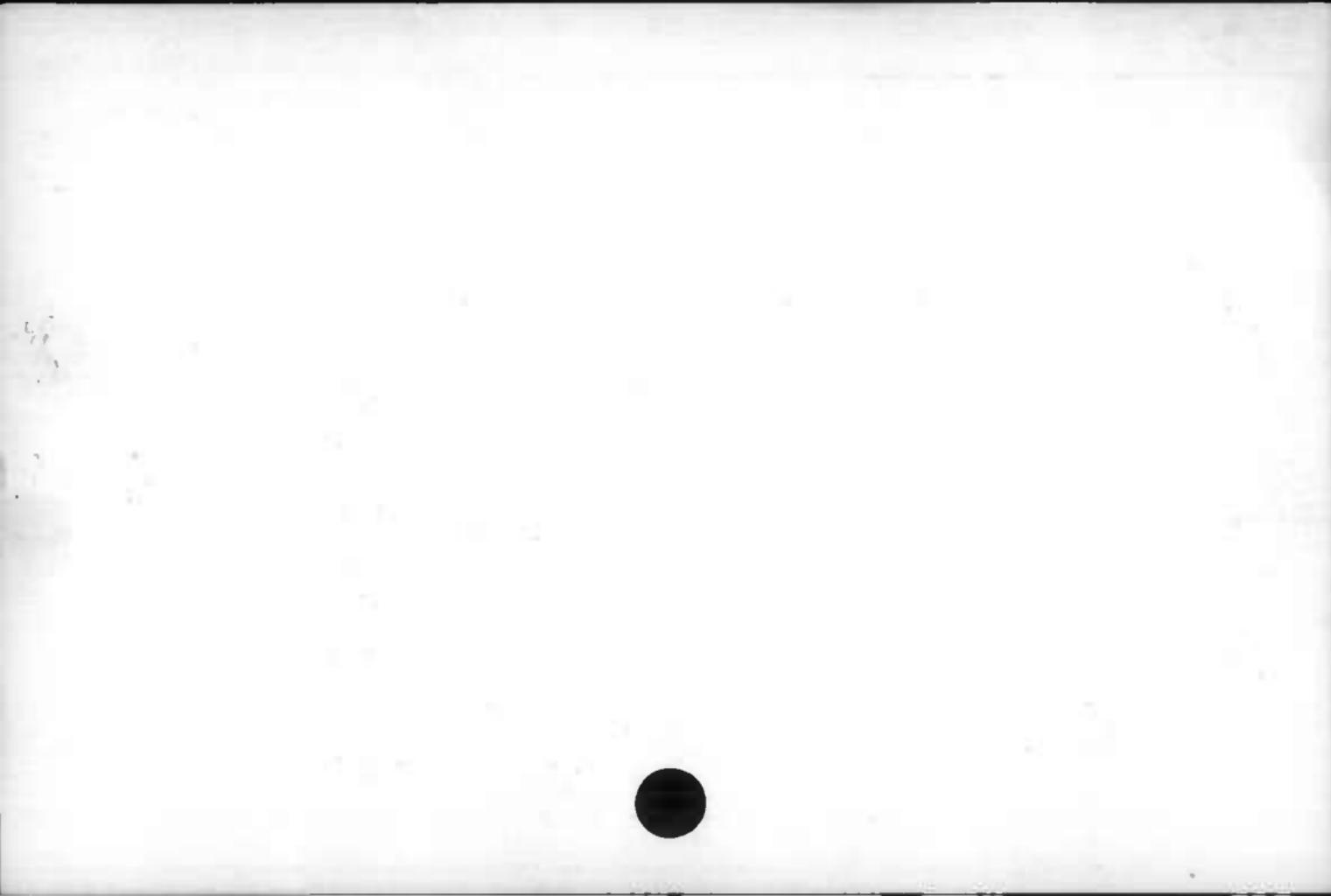
How long

Several months

How long

10 hours

H. C. Cetekianas  
Sparrows pt  
Md.



Name  
in  
Full

Infant of Jacob & Sarah Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at <u>Arlington</u>	<u>Baltimore</u>			
Date of death: 1909	Month <u>Nov.</u> Day <u>10</u>	Years _____	Months _____	Days <u>four hours</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Arlington</u>		
Occupation _____	Where Residing if not at place of death _____			
Married, Single or Widowed <u>single</u>	Name of Wife or Husband _____			
Father's Name <u>Jacob Thomas</u>	Father's Birthplace <u>Beth Co. Md.</u>			
Mother's Maiden Name <u>Sarah Brown</u>	Mother's Birthplace " " "			
Name of person giving Information <u>Jacob Thomas</u>	How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature Birth

Immediate

Starvation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Henry G. Mayloe  
Pikehouse

Accident or Suicide No

151

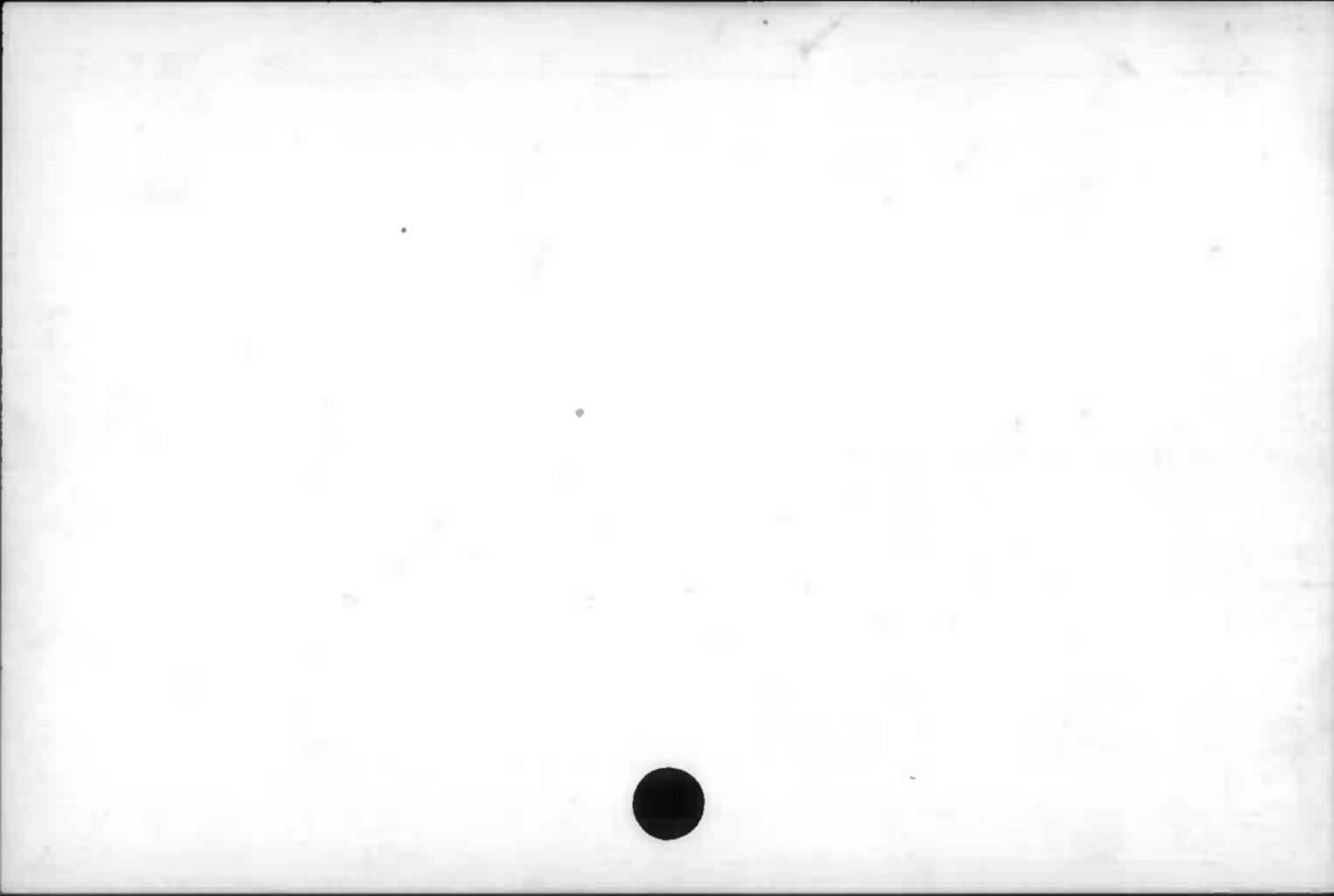
How long

6 1/2 months

How long

few hours

dead 3



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Rennard Torsen

CERTIFICATE OF DEATH

MARYLAND

Died at Sparrows Point Baltimore  
Town County  
Month Day Years Month Day  
Date of death 1909 Nov. 20<sup>th</sup> Age 38 —

Sex male Color or Race white Birth-place Norway

Occupation Laborer on dredge Where Residing if not at place of death Balts. City

Married, Single or Widowed Unknown Name of Wife or Husband unknown

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving Information Capt. Graru. (tag Fobes) How related to deceased Employer

CAUSES OF DEATH

Primary

Accidental drowning

172

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry J Mueller  
Coroner  
Canton, Balt. Co. Md.

Accident or Suicide Accident

Permission is granted to record  
body to .....  
1710 Bantou Ave  
JAMES BOSLEY, M. D.,  
COMMISSIONER OF HEALTH.  
H. B. A.  
For.....

Name  
in  
Full

George P. Trischmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Alberton County Balt.

Date of death 1909 Month Nov Day 7 Age 44 Months - Days -

Sex Male Color or Race White

Birth-place Maryland

Occupation Painter

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married Name of Wife or Husband Mary Haehler

Father's Name Henry Trischmann

Father's Birthplace Germany

Mother's  
Maiden Name

not known Mother's Birthplace not known

Name of person giving  
Information

Mary K Trischmann Wife

How related  
to deceased

92

How long

Primary Chronic Bronchitis- Asthma 20 years

How long

Immediate Broncho-pneumonia, Cardiac <sup>other</sup> 1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

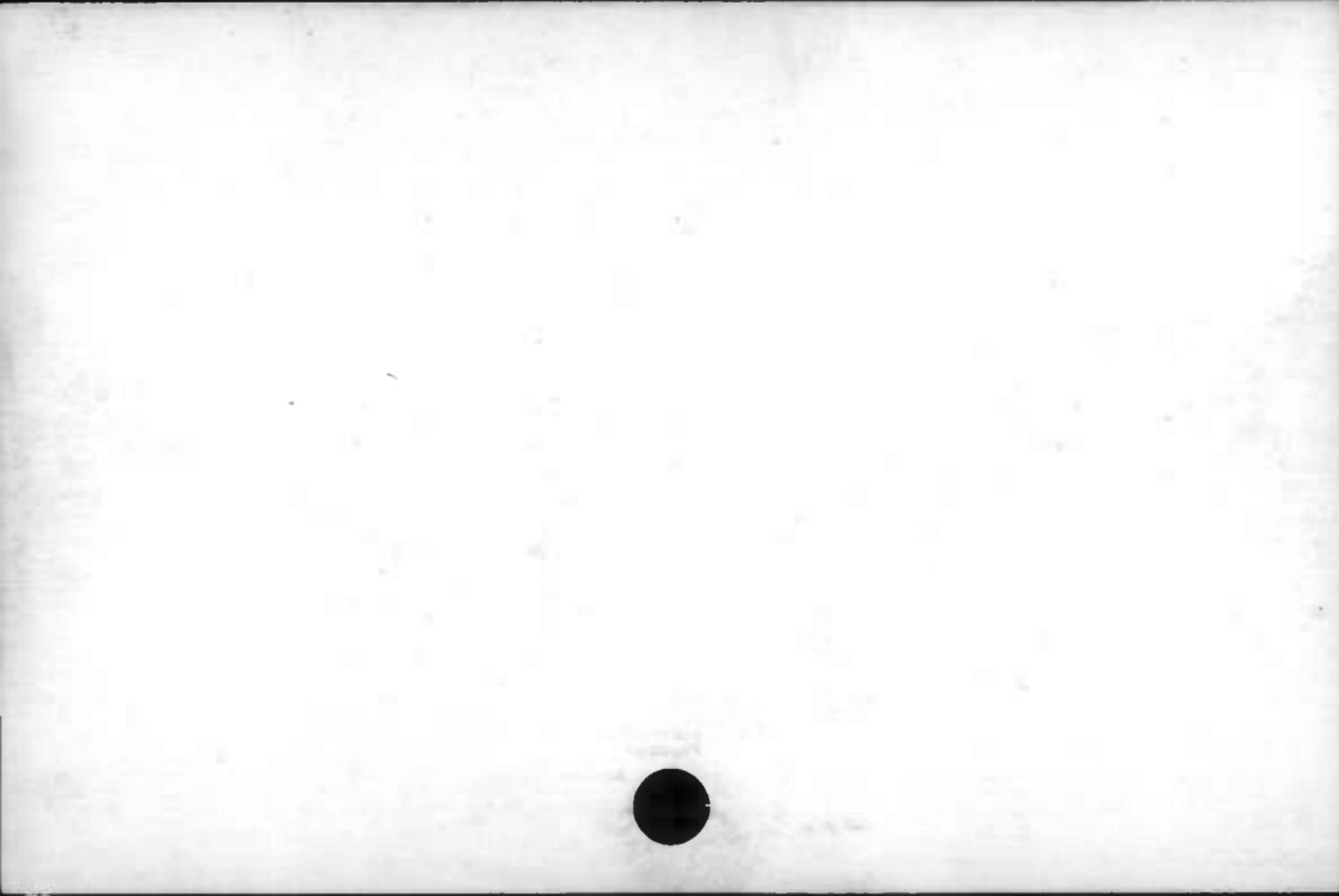
Address

Wm B Gambill

Elliot City, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Ida Valke

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at 253 East Ave		Town	County Baltimore Co		MARYLAND	
Date of death 1909	Month Nov	Day 18	Years	Months	Days	10
Sex Female	Color or Race White	Age	Birth-place	253 East Ave		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife, or Husband	Ida and Arthur Valke				
Father's Name	Arthur Valke					
Mother's Maiden Name	Ida Reiman					
Name of person giving information	Mrs Valke					

71

CAUSES OF DEATH

Primary

Convulsions & Weak Heart

How long

8 days

Immediate

congestion

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E W Denny M.D.  
360 D Bank St.

PHYSICIAN  
OR CORONER

Accident or Suicide?

J. L. Schuh & Son  
3415 E. Baltimore,

int. in Baltimore cemetery

Date: Nov. 19, 1909

Name  
in  
Full

Solomon Welton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at Sparrows Point	Baltimore	-	
Date of death 1909 Nov. 3	Month	Day	Years
Age 62			Months -
Sex Male	Color or Race	white	Days -
Occupation Gunner	Where Residing if not at place of death Woodlawn		
Married, Single or Widowed Married	Name of Wife or Husband Minnie Welton		
Father's Name Simon Welton	Father's Birthplace Petersberg W. Va.		
Mother's Maiden Name Elizabeth Hutton	Mother's Birthplace Petersberg W. Va.		
Name of person giving Information Wm A. French	How related to deceased Brother-in-Law		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Supposed Asphyxia

64

2 hours

Immediate

Supposed Asphyxia

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

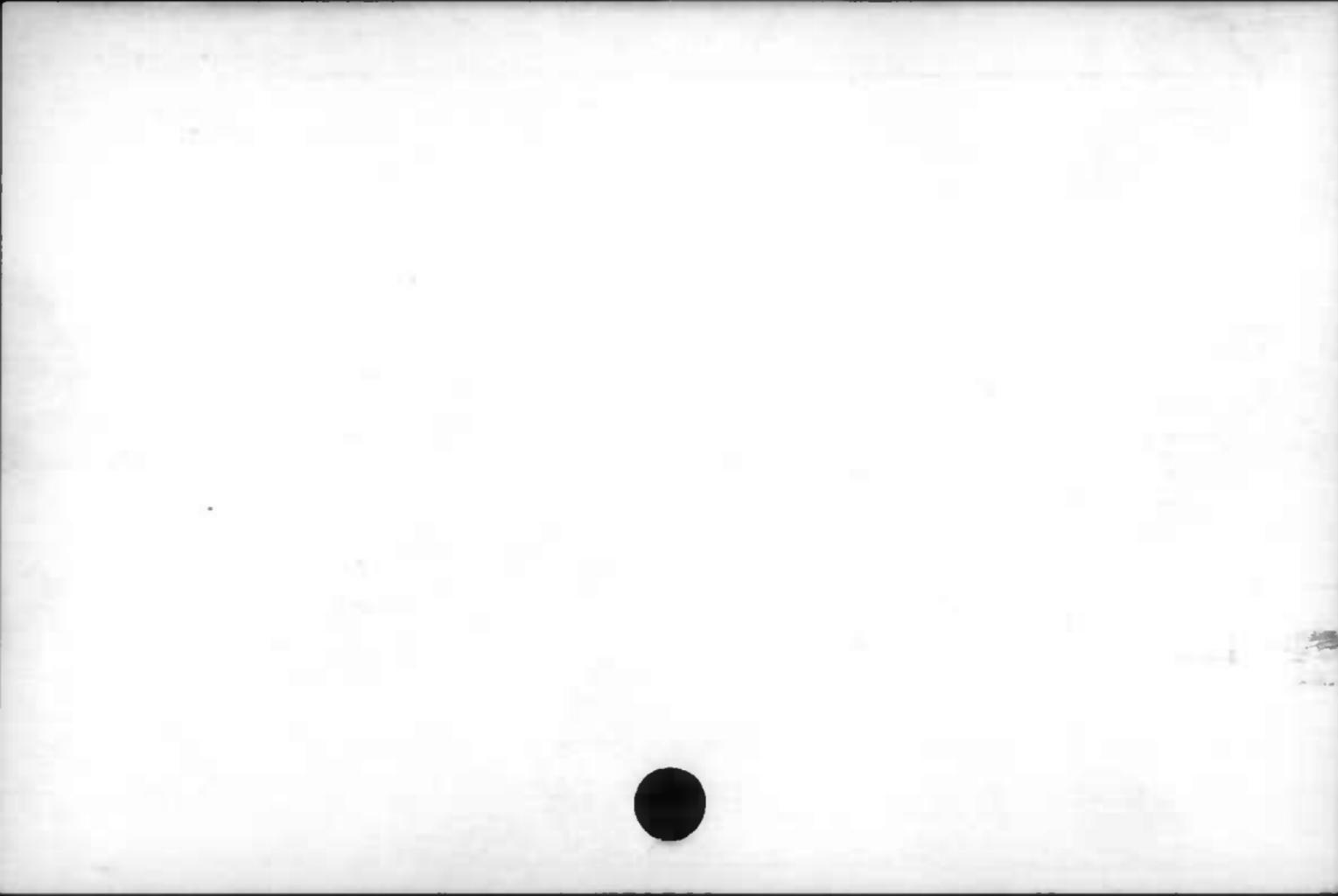
yes

Signature of Physician

Address

Joe Blair (Coroner)  
Sparrows Point  
Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margaret T. Wienhold

CERTIFICATE OF DEATH

Died at

Apparous Point Baltimore

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909

Nov.

30

Age

1

8

14

Sex

Femal

Color or  
Race

White

Birth-  
place

Maryland

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John S. Wienhold

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Annie J. Dorfhauser

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Annie J. Wienhold

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Double Pneumonia

93

✓

Immediate

Exhaustion

4 days

Are the name, age, sex, color,  
date and place correctly given above?

yes

How long

1 day

Accident or Suicide

no

Signature of  
Physician

Address

G. J. McCormick MD  
Apparous Point  
Md.

Sacred Heart Cem  
Dec. 2 1909  
Wander down

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Vesta C. Wilkinson

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month Nov	Day 29	Years —	Months 6	Days —	
Sex	Female	Color or Race	White	Birth-place			
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	<del>Jessie Langdon</del> Wilkinson				
Father's Name	Ino J. C. Wilkinson	Father's Birthplace			Baltimore City		
Mother's Maiden Name	Angesta Schramacher	Mother's Birthplace			Baltimore, Md		
Name of person giving information	Vesta Wilkinson	How related to deceased			Mother		
CAUSES OF DEATH							
Primary	Meningitis						
Immediate	Convulsions						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes.				H. W. Fair			
				Address			
				126 25th			

61

How long

10 days

1 day

Accident or Suicide?

E. A. Kidwell Jr  
2113 Greenmount Ave.

Datum at Greenmount  
Cemetery Balt. City.

Name  
in  
Full

Alex Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town  
Lewiston

Month

Day

County

Baldo.

MARYLAND

Months

Days

Date  
of death

1909 Nov. 23

Age

Years  
73

Sex

Male

Color or  
Race

Col

Birth-  
place

Md.

Occupation

Hortler

Where Residing if not  
at place of death

Lewiston

Married, Single  
or Widowed

Name of Wife or  
Husband

Ellen Dorsay

Father's  
Birthplace

Dont know

Father's  
Name

Dont know

Mother's  
Maiden Name

Faynor Williams

Mother's  
Birthplace

Md.

Name of person giving  
Information

Lizzie Williams

How related  
to deceased

Daughter-in-Law

CAUSES OF DEATH

Primary

General Sibility

154

How long

10 months

Immediate

Cardiac Asthma

24 hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. Roylson Greenw.s.  
Lewiston, Md.

Accident or Suicide

undertaker  
Robert - A Elliott  
Ballo md  
Sandy Bottom  
Cemetery

Name  
in  
Full

Margretta Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Williams			Father's Birthplace	Marion
Mother's Maiden Name	Ida Williams			Mother's Birthplace	Williams
Name of person giving information	Ida Williams			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Inflammatory Rheumatism

Immediate Endocarditis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

47

How long

8 months

How long

4 months

Accident or Suicide?

No

Internment at Poplar  
Yardly Oct 5<sup>th</sup>

M. C. Brooks

Name  
in  
Full

Colonel S. Y. Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Covans

Town

County

Date  
of death

1909 11th

Month

Day

Years

Age

40 yrs

Months

Days

20

Sex

Male

Color or  
Race

White

Birth-  
place

Ohio

Occupation

Architect

Where Residing if not  
at place of death

Gowanston

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Piatt Williamson

Father's  
Birthplace

N.J.

Mother's  
Maiden Name

Bessie W. Allen

Mother's  
Birthplace

Ohio  
Mother

Name of person giving  
Information

Bessie Williamson

How related  
to deceased

Primary

Pulmonary Tuberculosis.

27

Immediate

Hemorrhage.

How long

17 months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

7600 Gessard  
Gowans, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Neither

Greenwood

Mar 7/909

Woolcock  
5028 Farley

Annual Mar 7

Radnor Ann

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elizabeth A. Wilson  
Town County  
Died at Bear Rayville Balto.

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days  
of death 1909 11 15 Age 77 2 16

Sex Female Color or Birth-place  
Race White Md.

Occupation Housewife Where Residing if not  
at place of death

Married, Single Name of Wife or Husband  
or Widowed Widow Daniel S. Wilson

Father's Father's Birthplace  
Name Daniel Shaver Md

Mother's Mother's Birthplace  
Maiden Name Lydia Sample Md

Name of person living How related  
Information Frank Wilson to deceased

CAUSES OF DEATH

Primary

Chronic Bronchitis

Lobular Pneumonia

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

O. H. Heyde, M.D.  
Partlow,  
Md.

Accident or Suicide

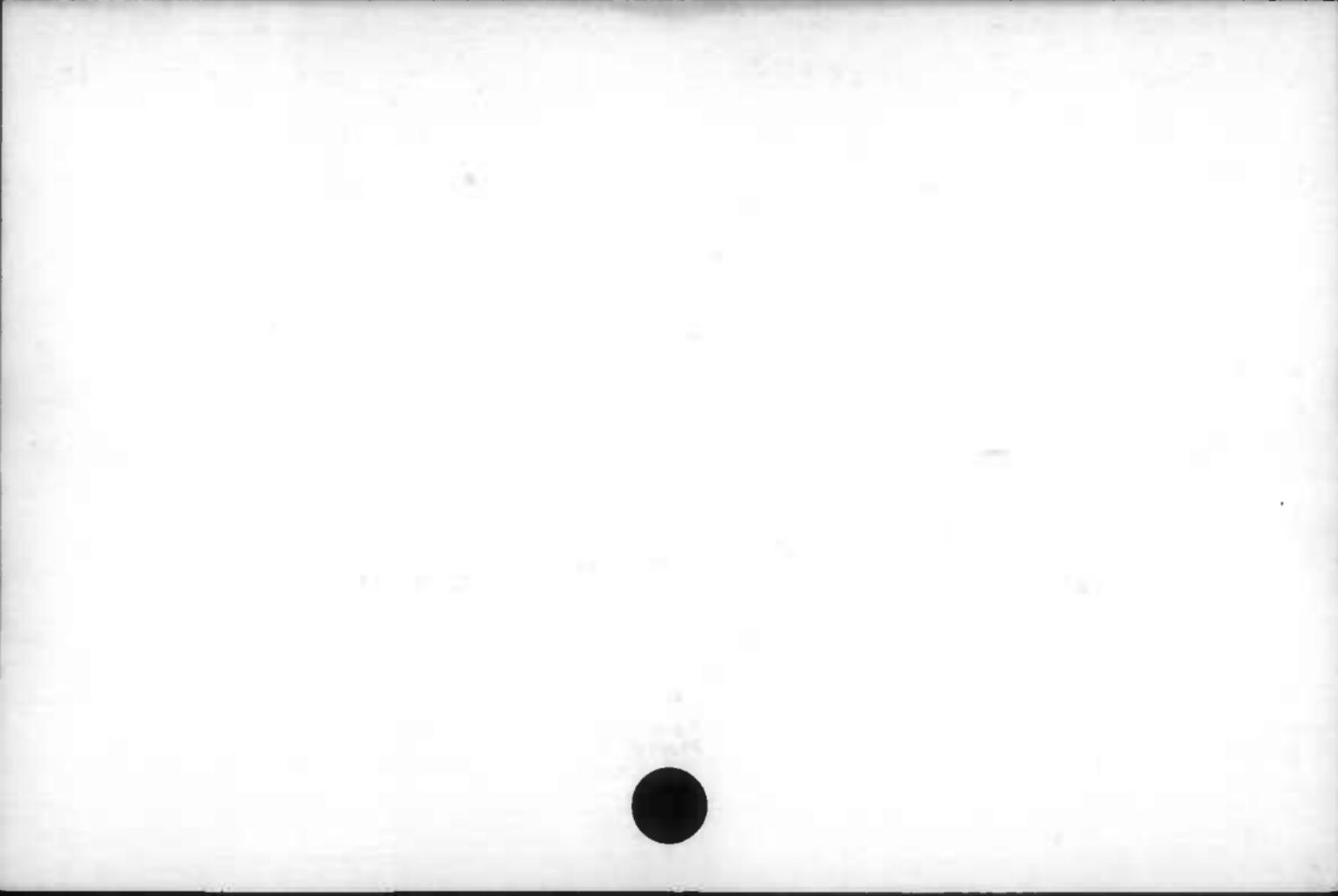
92

How long

Two years

How long

1 week



Name  
in  
Full

Saura Viola Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	female	Color or Race	Age	16	4 28
Occupation	School girl.	Where Residing if not at place of death	Mt. Wmns		
Married, Single or Widowed	Single	Name of Wife or Husband	girl		
Father's Name	J. Westley Wilson	Father's Birthplace	Baltimore		
Mother's Maiden Name	Sayre M. Reese	Mother's Birthplace	Mt. Wmns		
Name of person giving information	Saura M. Wilson	How related to deceased	Mother.		

CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary

General Tuberculosis

6 months.

Immediate

nervous exhaustion

2 weeks,

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

D. S. Gamm,  
Mt. Wmns  
Md.

Accident or Suicide?

Loudon Park -

Thursday at 2 P.M.

W. P. Fletcher & Sons -

Name  
in  
Full

Robert Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Texas	Town	County	MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days
Sex	Male	Color or Race	colored	Birth-place	Texas, Md	
Occupation				Where Residing if not at place of death	same	
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Balto. Co. Md	
Father's Name	Henry Wilson			Mother's Birthplace	Balto. Co. Md	
Mother's Maiden Name	Mary Purviance			How related to deceased		
Name of person giving information	Dr T C Bussell			106	✓	

CAUSES OF DEATH

Primary

Enteritis

How long

3 days

Immediate

Peritonitis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

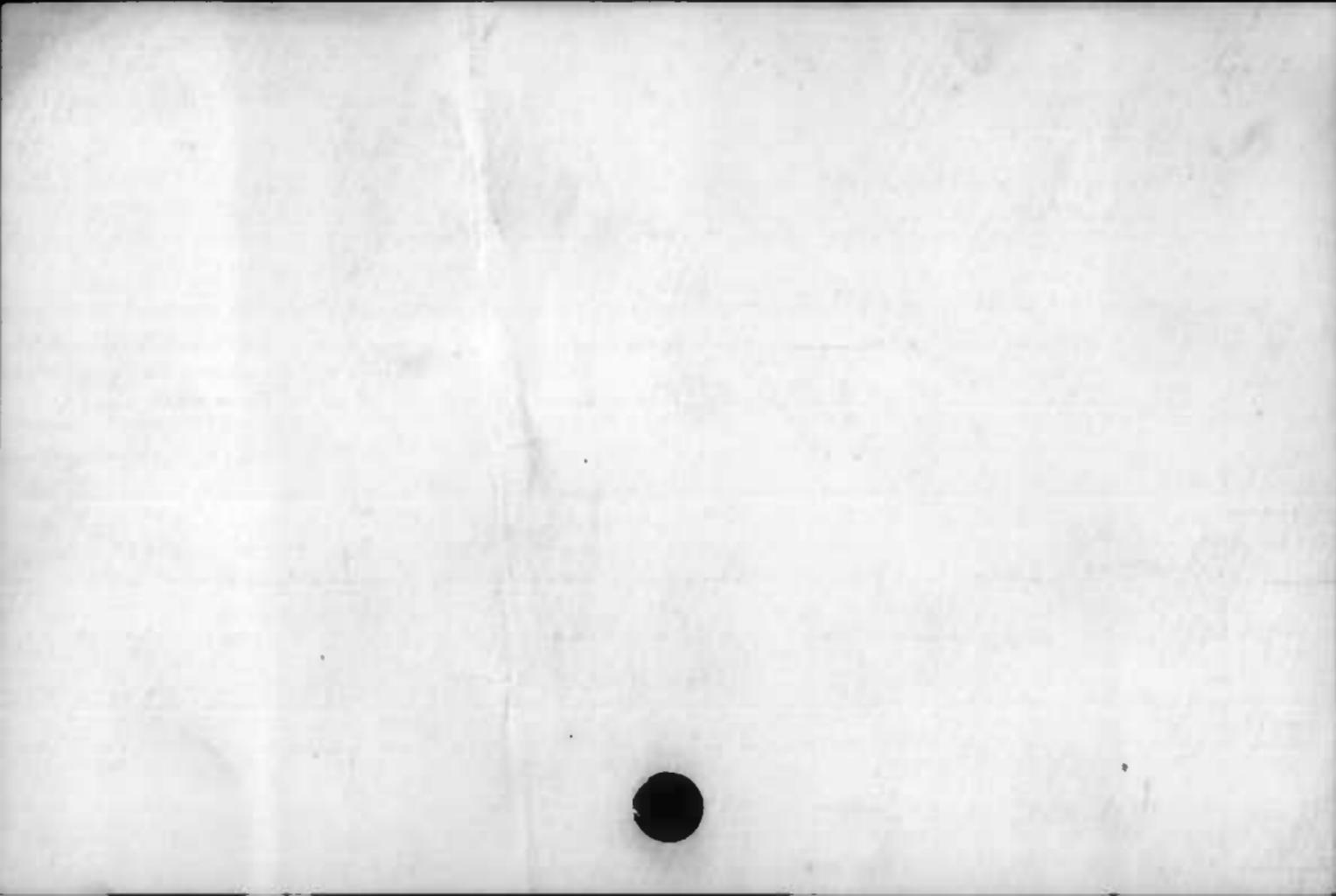
Signature of Physician

Dr. T C. Bussell

Address

Texas

Accident or Suicide?



Name  
in  
Full

Veronica Winterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Highlandtown Baltimore Co.

Date of death 1909 Month Nov Day 12 a Years Age 84 Months Days

Sex Female Color or Reca White Birth-place Germany  
Occupation None Where Residing at place of death 23 St. Clinton St

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name Dr. Anna Goldlack Father's Birthplace Germany

Mother's Maiden Name Barbara Goldschmidt Mother's Birthplace

Name of person giving information Matilda Schuck How related to deceased Daughter

CAUSES OF DEATH

Primary Arterial degeneration

154

Immediate Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

3 years

yes

at hours

Address

Wschlieden

3314, E Baltimore St

PHYSICIAN  
OR CORONER

Accident or Suicide

Tilly and Zeiler. —

~~187 at~~ Holy Redeemer Cem.  
Nov. 15 / 1909.

Name  
in  
Full

Harry Lee Wise

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County
Highlandtown	Baldo.
Date of death 1909 Nov 27 <sup>th</sup>	Age —
Month Dey	Years
2	Months
Sex Male	Color or Race White
Occupation stone	Birth-place Bald. Co.
Married, Single or Widowed Single	Where Residing at place of death 3500 Canton ave
Father's Name John E. Wise	
Mother's Maiden Name Katie Troebelich	
Name of person giving Information John E. Wise	

PHYSICIAN  
OR CORONER

Primary

Morbus

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

W. S. Sudley, M.D.  
333 3rd Balto.

151

How long

How long

Coroner

Office Supply Co., 2284

Schwarzj.

~~Frinity~~ Cemetery

Nov. 29<sup>th</sup> 1909

Lilly and Zeiler  
Undertakers

Name  
in  
Full

David A. Woodward

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1909	Nov	29	Age 86 2 13
Sex	male	Color or Race	white
Occupation	artist	Where Residing if not at place of death	Relay
Married, Single or Widowed	widower	Name of Wife or Husband	Josephine L. Woodward
Father's Name	Henry Woodward.	Father's Birthplace	Pa.
Mother's Maiden Name	Elizabeth Young.	Mother's Birthplace	Ohio
Name of person giving Information	Henry Woodward	How related to deceased	Son.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Age

154 ✓

Several

Immediate

Gen. debility

How long  
years

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. R. Eaneckson

Address

Elkinsage

Accident or Suicide?

E. W. Mitchell  
1201 W. Fayette St.  
For Internment at  
London Park

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Dis'd et	Town	County	MARYLAND
Date of death 190	Month	Day	Months
Sex	Color or Race	Age	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name		Mother's Name	Mother's Birthplace
Name of person giving Information	How related to deceased		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Crushed skull by falling

166

How long

Immediate

Crushed skull by falling of  
crown

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

SD Mathews Cemetery

I permit son

11/9/09